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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GENEVA COLLEGE		D Employer identification number 25-0965376
	Doing Business As		E Telephone number (724) 846-5100
	Number and street (or P O box if mail is not delivered to street address) 3200 COLLEGE AVENUE	Room/suite	G Gross receipts \$ 53,209,355
	City or town, state or country, and ZIP + 4 BEAVER FALLS, PA 15010		

F Name and address of principal officer
 LARRY K GRIFFITH
 3200 COLLEGE AVENUE
 BEAVER FALLS, PA 15010

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.GENEVA.EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1848 **M State of legal domicile** PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO GLORIFY GOD BY EDUCATING AND MINISTERING TO A COMMUNITY OF STUDENTS THROUGH BIBLICALLY-BASED PROGRAMS MARKED BY EXCELLENCE AND ANCHORED IN THE HISTORIC, EVANGELICAL AND REFORMED CHRISTIAN FAITH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,414
	6 Total number of volunteers (estimate if necessary)	6	276
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	64,794
b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,688	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,052,936	3,564,007
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,003,999	47,835,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,359,923	1,548,685
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,628	74,129
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	49,509,486	53,022,226
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,874,436	13,553,434
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,983,431	21,116,887
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,081,585	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,055,262	15,815,113
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,913,129	50,485,434
19 Revenue less expenses Subtract line 18 from line 12	1,596,357	2,536,792	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	76,806,727	82,305,109
	22 Net assets or fund balances Subtract line 21 from line 20	25,213,938	23,808,783
		51,592,789	58,496,326

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-04-06 Date
	LARRY K GRIFFITH EXECUTIVE VICE PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SUSAN M KIRSCH	Preparer's signature SUSAN M KIRSCH	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ SCHNEIDER DOWNS & CO INC				Firm's EIN ▶
	Firm's address ▶ 1133 PENN AVENUE PITTSBURGH, PA 15222				Phone no ▶ (412) 261-3644

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

TO GLORIFY GOD BY EDUCATING AND MINISTERING TO A COMMUNITY OF STUDENTS THROUGH BIBLICALLY-BASED PROGRAMS MARKED BY EXCELLENCE AND ANCHORED IN THE HISTORIC, EVANGELICAL AND REFORMED CHRISTIAN FAITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 46,453,626 including grants of \$ 13,553,434) (Revenue \$ 47,831,433)

EDUCATION - STUDENTS AND PARENTS HAVE BEEN WELCOME AT GENEVA COLLEGE FOR 163 YEARS GENEVA COLLEGE IS COMMITTED TO AND ROOTED IN A REFORMED CHRISTIAN WORLDVIEW THE COLLEGE OFFERS UNDERGRADUATE DEGREE PROGRAMS IN THE ARTS AND SCIENCES, AND MASTERS DEGREE PROGRAMS IN COUNSELING, HIGHER EDUCATION, BUSINESS ADMINISTRATION, ORGANIZATIONAL LEADERSHIP, READING AND SPECIAL EDUCATION THE FULL AND PART TIME STUDENT ENROLLMENT WAS SUMMER 2010 FALL 2010 SPRING 2011 FULL TIME 354 1,800 1,690PART TIME 235 258 295TOTAL 589 2,058 1,985

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 46,453,626

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> <input checked="" type="checkbox"/>	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27	Yes	
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)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a (2,708), 1b (0), 1c (Yes), 2a (1,414), 2b (Yes), 3a (Yes), 3b (Yes), 4a (Yes), 5a (No), 5b (No), 5c, 6a (No), 6b, 7a (Yes), 7b (Yes), 7c (Yes), 7d (1), 7e (No), 7f (No), 7g (No), 7h (Yes), 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (No), 14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> PA , AK , AZ , FL , HI , ME , MD , MI , MN , NH , VA , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> STEPHEN ROSS ASSO C VICE PRESIDENT 3200 COLLEGE AVE BEAVER FALLS, PA 15010 (724) 847-6541

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

Check if Schedule O contains a response to any question in this Part VII

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.

• 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, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							564,701	53,054	186,670	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIONEER COLLEGE CATERERS INC 12351 W 96TH TERRACE SUITE 204-W LENEXA, KS 66215	CAMPUS FOOD SERVICE	2,261,153
ARAMARK FACILITY SERVICES 24818 NETWORK PLACE CHICAGO, IL 606731248	PHYSICAL PLANT MNGMNT	494,871
RENO BROTHERS INC 3406 43RD ST PO BOX 53 NEW BRIGHTON, PA 15066	MECHANICAL CONTRACTING SERVICES	246,229
BD&E INC 681 ANDERSEN DRIVE PITTSBURGH, PA 15220	BRAND DEVELOPMENT SERVICES	194,186
ADVISTOR INC 1163 PITTSFORD-VICTOR RD STE 150 PITTSFORD, NY 14534	DATA MANAGEMENT	137,539

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	991,666				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,572,341				
	g Noncash contributions included in lines 1a-1f \$	26,289				
	h Total. Add lines 1a-1f	3,564,007				
	Program Service Revenue	2a TUITION AND FEES	900099	38,852,608	38,852,608	
b STUDENT HOUSING		900099	4,090,665	4,086,693	3,972	
c FOOD SERVICE		900099	3,684,527	3,684,527		
d STUDENT SRVCS & ACTIV		900099	1,146,909	1,146,909		
e CAMPUS STORE		900099	49,531	49,531		
f All other program service revenue			11,165	11,165		
g Total. Add lines 2a-2f			47,835,405			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		795,502		795,502
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		13,307		13,307	
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	940,312			
		(ii) Other				
		b Less cost or other basis and sales expenses	187,129			
		c Gain or (loss)	753,183			
d Net gain or (loss)		753,183		753,183		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
11a CATERING	Miscellaneous Revenue	722320	60,822	60,822		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		60,822			
12 Total revenue. See Instructions		53,022,226	47,831,433	64,794	1,561,992	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	13,394,813	13,394,813		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	158,621	158,621		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,026,929	517,777	378,423	130,729
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,746,139	13,574,205	722,801	449,133
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	576,982	525,054	34,619	17,309
9	Other employee benefits	3,645,899	3,317,768	218,754	109,377
10	Payroll taxes	1,120,938	1,020,054	67,256	33,628
a	Fees for services (non-employees)				
	Management				
b	Legal	89,191	13,567	75,624	
c	Accounting	80,087		80,087	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	187,129		187,129	
g	Other	491,248	427,083	58,850	5,315
12	Advertising and promotion	546,381	287,883	232,378	26,120
13	Office expenses	2,578,879	2,255,257	175,094	148,528
14	Information technology	489,857	479,728	84	10,045
15	Royalties				
16	Occupancy	1,296,663	1,254,962	26,031	15,670
17	Travel	1,342,269	1,129,742	144,515	68,012
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,488	50,639	28,443	3,406
20	Interest	709,267	709,267		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,691,400	2,604,737	54,097	32,566
23	Insurance	304,628	95,768	208,702	158
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD SERVICE	2,034,272	2,034,272		
b	INSTRUCTIONAL EXPENSE	1,911,945	1,829,459	77,379	5,107
c	MISCELLANEOUS	681,133	632,923	24,793	23,417
d	MEMBERSHIP & DUES	120,395	63,472	54,033	2,890
e	PROVISION FOR BAD DEBTS	96,635		96,635	
f	All other expenses	81,246	76,575	4,496	175
25	Total functional expenses. Add lines 1 through 24f	50,485,434	46,453,626	2,950,223	1,081,585
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,135	1	10,035
	2 Savings and temporary cash investments	4,988,984	2	6,288,814
	3 Pledges and grants receivable, net	735,950	3	568,322
	4 Accounts receivable, net	791,526	4	1,026,586
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net	2,619,852	7	2,447,608
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	73,901,682		
	b Less accumulated depreciation	38,371,880	36,865,639	10c 35,529,802
	11 Investments—publicly traded securities	25,179,254	11	29,544,530
	12 Investments—other securities. See Part IV, line 11	983,752	12	1,345,355
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,631,635	15	5,544,057
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,806,727	16	82,305,109	
Liabilities	17 Accounts payable and accrued expenses	2,005,786	17	1,954,077
	18 Grants payable		18	
	19 Deferred revenue	1,601,747	19	1,657,984
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,704,397	23	16,391,677
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,902,008	25	3,805,045
	26 Total liabilities. Add lines 17 through 25	25,213,938	26	23,808,783
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,542,491	27	17,954,577
	28 Temporarily restricted net assets	20,751,700	28	24,414,873
	29 Permanently restricted net assets	15,298,598	29	16,126,876
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	51,592,789	33	58,496,326	
34 Total liabilities and net assets/fund balances	76,806,727	34	82,305,109	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,022,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,485,434
3	Revenue less expenses Subtract line 2 from line 1	3	2,536,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,592,789
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,366,745
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	58,496,326

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

Part I 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)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(4)**.
- 11 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
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e 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)
- f 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
- g 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) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						


14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** 


Section C. Computation of Public Support Percentage


15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization 

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization 

20 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Additional Data

Software ID:
Software Version:
EIN: 25-0965376
Name: GENEVA COLLEGE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELVILLE W ADAMS TRUSTEE	90	X						0	0	0
REV BRUCE R BACKENSTO TRUSTEE	90	X						0	0	0
VIRGINIA H BADGER TRUSTEE	90	X						0	0	0
ANDREW M BERNARD JR TRUSTEE	90	X						0	0	0
INGRID L BIRDSALL TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
KENDELL A CHILTON TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
G REYNOLDS CLARK TRUSTEE	90	X						0	0	0
KATHARINE L DENNIS TRUSTEE	90	X						0	0	0
PHILLIP DUGUID TRUSTEE/CORPORATOR (ENTERED 4/16/11)	90	X						0	0	0
JOHN P EDGAR ESQ TRUSTEE	90	X						0	0	0
MATTHEW FILBERT TRUSTEE/CORPORATOR (ENTERED 4/16/11)	90	X						0	53,054	0
DR GODFREY F FRANKLIN TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
JOYE H HUSTON TRUSTEE	90	X						0	0	0
WILLIAM C KRINER ESQ TRUSTEE	90	X						0	0	0
ANDREW J MARCINKO TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
MICHAEL F MCDANIEL TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
ROBERT H MCFARLAND TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
DONALD W PIPER TRUSTEE/CORPORATOR	90	X						0	0	0
CHARLES H POCKRAS TRUSTEE	90	X						0	0	0
ALAN ROSE TRUSTEE	90	X						0	0	0
JAMES D ROY TRUSTEE	90	X						0	0	0
DAVID J SCHAEFER TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
JOEL L SILVERMAN TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
DR SIARHEI SPIRYDOVICH TRUSTEE	90	X						0	0	0
LORI J STUCKEY TRUSTEE (EXIT 4/16/11)	90	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR CALVIN L TROUP TRUSTEE/CORPORATOR	90	X						0	0	0
DR DAVID A WEIR TRUSTEE (EXIT 4/16/11)	90	X						0	0	0
KEITH M WING TRUSTEE	90	X						0	0	0
THOMAS M YANCY TRUSTEE	90	X						0	0	0
JOYCE E LYNN SECRETARY (EXIT 4/16/11)	90	X		X				0	0	0
DR WILLIAM J EDGAR CHAIRMAN/CORPORATOR	90	X		X				0	0	0
STEVEN C MCMAHAN VICE-CHAIRMAN	90	X		X				0	0	0
KENNETH A SMITH PRESIDENT	40 00			X				174,538	0	87,318
LARRY K GRIFFITH EXECUTIVE VICE PRESIDENT	40 00			X				133,043	0	22,790
KENNETH P CARSON PROVOST	40 00			X				133,301	0	56,637
EDGARDO T VENCIO VP MARKETING	40 00					X		84,951	0	7,618
JONATHAN WATT PROFESSOR OF BIBLICAL STUDIES	40 00					X		123,819	0	19,925

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization GENEVA COLLEGE

Employer identification number 25-0965376

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	28,217,353	25,341,943	31,809,107		
b Contributions	890,561	702,616	1,280,267		
c Investment earnings or losses	5,137,090	3,466,289	-6,421,871		
d Grants or scholarships	444,568	438,087			
e Other expenditures for facilities and programs	593,292	698,742	1,311,888		
f Administrative expenses	167,537	156,666	13,672		
g End of year balance	33,039,607	28,217,353	25,341,943		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 11 000 %
- b** Permanent endowment ▶ 49 000 %
- c** Term endowment ▶ 40 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,980,752		1,980,752
b Buildings		49,827,034	22,457,126	27,369,908
c Leasehold improvements				
d Equipment		22,068,734	15,914,754	6,153,980
e Other		25,162		25,162
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,529,802

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,022,226
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,485,434
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,536,792
4	Net unrealized gains (losses) on investments	4	4,254,822
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	111,923
9	Total adjustments (net) Add lines 4 - 8	9	4,366,745
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,903,537

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	43,648,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,254,822
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	111,923
e	Add lines 2a through 2d	2e	4,366,745
3	Subtract line 2e from line 1	3	39,281,663
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	187,129
b	Other (Describe in Part XIV)	4b	13,553,434
c	Add lines 4a and 4b	4c	13,740,563
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	53,022,226

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	36,744,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	36,744,871
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	187,129
b	Other (Describe in Part XIV)	4b	13,553,434
c	Add lines 4a and 4b	4c	13,740,563
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	50,485,434

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLEGE HAS VARIOUS LITERARY, ARCHIVAL AND ARTISTIC COLLECTIONS, WHICH CONSIST OF EVANGELICAL MANUSCRIPTS, PRIVATE PAPERS, RARE BOOKS OF SEVERAL AUTHORS, AND WORKS OF ART THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE COLLEGE'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES
	PART III, LINE 4	THE EXEMPT PURPOSE OF COLLECTIONS IS THE ADVANCEMENT OF EDUCATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED PRIMARILY FOR SUPPORT OF ITS MISSION ITS ENDOWMENT INCLUDES BOARD-DESIGNATED AND DONOR-RESTRICTED ENDOWMENT FUNDS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE COLLEGE TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE FOLLOWS THE CODIFICATION TOPIC ON INCOME TAXES THE TOPIC PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS THE COLLEGE'S STATEMENTS OF FINANCIAL POSITION AT MAY 31, 2011 AND 2010 DO NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS THE COLLEGE IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT ON ANNUITIES \$111,923
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT ON ANNUITIES \$111,923
PART XII, LINE 4B - OTHER ADJUSTMENTS		TUITION DISCOUNTS AND FUNDED SCHOLARSHIPS \$13,553,434
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TUITION DISCOUNTS AND FUNDED SCHOLARSHIPS \$13,553,434

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

Part I

- 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?
- 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?
- 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. If you need more space use Part II.

	YES	NO
1	Yes	
2	Yes	
3	Yes	

- 4** Does the organization maintain the following?
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. If you need more space, use Part II.

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

- 5** Does the organization discriminate by race in any way with respect to
 - a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- 6b** Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.

6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	GENEVA COLLEGE ADMITS STUDENTS OF ANY RACE, COLOR, SEX, RELIGION AND NATIONAL OR ETHNIC ORIGIN TO ALL OF THE RIGHTS AND PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. GENEVA DOES NOT DISCRIMINATE AGAINST STUDENTS ON THE BASIS OF RACE, COLOR, SEX, RELIGION, HANDICAP AND NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, ATHLETIC ACTIVITIES OR OTHER SCHOOL-ADMINISTERED PROGRAMS. GENEVA COLLEGE DRAWS A MAJORITY OF ITS STUDENTS FROM THE MIDWEST AND NORTHEAST PORTIONS OF THE UNITED STATES. THE COLLEGE FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY IN ITS RECRUITING OF ITS STUDENTS. THE COLLEGE ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES AN INSTITUTIONAL ASSISTANCE GRANT BASED ON THE NUMBER OF PENNSYLVANIA STATE GRANT RECIPIENTS FROM THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GENEVA COLLEGE

Employer identification number 25-0965376

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Rows include Europe, Middle East, East Asia, Central America, and a sub-total.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TUITION FOR STUDENTS	10,000	WIRE TRANSFER		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	29	130,703	POSTING TO STUDENT'S ACCOUNT		N/A	N/A
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	4,448	POSTING TO STUDENT'S ACCOUNT		N/A	N/A
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	5	13,255	POSTING TO STUDENT'S ACCOUNT		N/A	N/A
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	2	10,215	POSTING TO STUDENT'S ACCOUNT		N/A	N/A

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ON A SEMIMONTHLY BASIS THE ROME SITE DIRECTOR SUBMITS A BUSINESS ACTIVITY REPORT AND A COPY OF ALL RECEIPTS THE BUSINESS ACTIVITY REPORT DETAILS THE AMOUNT, DESCRIPTION OF THE TRANSACTION AS WELL AS THE ACCOUNT THAT SHOULD BE CHARGED FOR THE TRANSACTION THE SITE DIRECTOR ALSO SENDS A MONTHLY BANK STATEMENT SO THAT ALL BANKING TRANSACTIONS ARE PROPERLY CAPTURED ON GENEVA'S GENERAL LEDGER AND REVIEWED FOR APPROPRIATENESS WITH RESPECT TO GENEVA STUDENTS STUDYING OUTSIDE THE U S , THE REPORTABLE AID IS CREDITED TO STUDENT'S ACCOUNTS BY THE COLLEGE STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEED AND OTHER SIMILAR STANDARDS

Schedule F (Form 990) 2010

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2010
**Open to Public
Inspection**

Name of the organization
GENEVA COLLEGE

Employer identification number
25-0965376

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 section 501(c)(3) and government organizations **3** Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STUDENT SCHOLARSHIPS/FINANCIAL AID	1551	13,394,813		N/A	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GENEVA COLLEGE AWARDS GRANTS BASED UPON THE FOLLOWING STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEED AND OTHER SIMILAR STANDARDS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>4a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>5a The organization?</p>		No								
<p>5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>6a The organization?</p>		No								
<p>6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH A SMITH	(i)	161,238	10,000	3,300	8,234	79,084	261,856	0
	(ii)	0	0	0	0	0	0	0
(2) LARRY K GRIFFITH	(i)	133,043	0	0	6,802	15,988	155,833	0
	(ii)	0	0	0	0	0	0	0
(3) KENNETH P CARSON	(i)	133,301	0	0	6,817	49,820	189,938	0
	(ii)	0	0	0	0	0	0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
	PART I, LINE 7	BONUSES ARE PAID FOR EXCELLENCE IN PERFORMING DUTIES. THE PRESIDENT'S BONUS IS APPROVED BY THE BOARD OF TRUSTEES.

**Schedule K
(Form 990)**

OMB No 1545-0047

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.**

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY	23-2243852		10-07-2010	17,124,967	REFUNDING OF PA HIGHER EDUC FACILITIES AUTHORITY REV BONDS SERIES OF 2007		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	17,124,967			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow				
7 Issuance costs from proceeds	81,890			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2009			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c 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?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization GENEVA COLLEGE

Employer identification number 25-0965376

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERRY CARSON	FAMILY MEMBER OF KENNETH P CARSON, PROVOST OF THE COLLEGE	36,732	FAMILY MEMBER IS COMPENSATED BY GENEVA COLLEGE AS A STAFF		No
(2) REBECCA J PHILLIPS	FAMILY MEMBER OF KENNETH P CARSON, PROVOST OF THE COLLEGE	54,252	FAMILY MEMBER IS COMPENSATED BY GENEVA COLLEGE AS A STAFF		No
(3) JOHN SCHAEFER	FAMILY MEMBER OF DAVID J SCHAEFER, TRUSTEE OF THE COLLEGE	63,427	FAMILY MEMBER IS COMPENSATED BY GENEVA COLLEGE AS A STAFF		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GENEVA COLLEGE

Employer identification number

25-0965376

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

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
THIRD PARTY USE	PART I, LINE 32B	THE COLLEGE USES A BROKER TO SELL SECURITIES RECEIVED AS CONTRIBUTIONS
NON REPORTING OF REVENUE	PART I, LINE 33	THE ORGANIZATION DID NOT REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET THE VALUE OF THE DONATED CAR RECEIVED GENEVA COLLEGE WILL USE THE CAR IN FURTHERANCE OF THEIR EXEMPT PURPOSE

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		-FAMILY RELATIONSHIP JOHN P EDGAR ESQ AND DR WILLIAM J EDGAR -FAMILY RELATIONSHIP DAVID SCHAEFER AND JOHN SCHAEFER -FAMILY RELATIONSHIP KEITH WING, AND DENNIS WING -FAMILY RELATIONSHIP MEL ADAMS, JACK WHITE AND ROY ADAMS -FAMILY RELATIONSHIP CHARLES POCKRAS AND PHIL POCKRAS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THERE WERE THREE MAJOR CHANGES TO THE CHARTER AND BY LAWS OF THE COLLEGE DURING 2011 THE MEMBERSHIP OF THE GOVERNING BOARD OF CORPORATORS WAS REDUCED FROM A MINIMUM OF 15 AND A MAXIMUM OF 30 TO 12 MEMBERS THE MEMBERSHIP OF THE BOARD OF TRUSTEES WHICH IS CHARGED WITH OVERSEEING THE OPERATIONS OF THE COLLEGE WAS ALSO REDUCED FROM 34 MEMBERS TO 21 MEMBERS THE COMPOSITION OF BOARD OF TRUSTEES WAS ALSO REVISED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		GENEVA COLLEGE IS OPERATED BY THE BOARD OF TRUSTEES UNDER AUTHORITY DELEGATED BY THE BOARD OF CORPORATORS SEE ANSWER FOR QUESTION 7A

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		GENEVA COLLEGE IS CONTROLLED BY THE REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA(RPCNA) THE SYNOD OF THE RPCNA ELECTS A BOARD OF CORPORATORS TRUSTEES SHALL BE APPOINTED BY THE BOARD OF CORPORATORS IN ACCORDANCE WITH THE FOLLOWING PROVISIONS (THE BOARD OF TRUSTEES SHALL CONSIST OF 21 MEMBERS) 1 SIX TRUSTEES SHALL BE APOINTED FROM THE MEMBERSHIP OF THE BOARD OF CORPORATORS AND SHALL SERVE AS MEMBERS OF BOTH THE BOARD OF CORPORATORS AND BOARD OF TRUSTEES CONCURRENTLY 2 FIVE ADDITIONAL TRUSTEES SHALL BE APOINTED FROM THE MEMBERSHIP OF THE REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA 3 TEN TRUSTEES SHALL BE APPOINTED FROM THE MEMBERSHIP OF OTHER REFORMED AND EVANGELICAL CHRISTIAN CONGREGATIONS IN CONSULTATION WITH THE BOARD OF CORPORATORS, THE BOARD OF TRUSTEES MAY FILL ANY VACANCY ON ITS BOARD FOR THE PERIOD PRIOR TO THE TIME A SUCCESSOR IS CHOSEN BY THE BOARD OF CORPORATORS, SUBJECT TO THE CONDITION THAT THE VACANCY SHALL BE FILLED FROM AMONG PERSONS QUALIFYING IN THE SAME CATEGORY (ABOVE) TO WHICH THE VACATING MEMBER BELONGED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		GENEVA COLLEGE IS A CHRISTIAN INSTITUTION OF HIGHER EDUCATION OPERATED BY A BOARD OF TRUSTEES, BUT GOVERNED BY A BOARD OF CORPORATORS THE BOARD OF CORPORATORS HAS THE POWER TO ORDAIN AND ESTABLISH BYLAWS FOR THE REGULATION AND GOVERNMENT OF THE BUSINESS AND AFFAIRS OF GENEVA, SUBORDINATED, HOWEVER, TO THE ARTICLES OF INCORPORATION, THE CONSTITUTION AND LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, THE CONSTITUTION AND LAWS OF THE UNITED STATES OF AMERICA AND THE CONSTITUTION AND LAWS OF THE REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA THE ELECTION OF THE PRESIDENT SHALL REQUIRE THE VOTES OF A MAJORITY OF THE MEMBERS OF THE BOARD OF TRUSTEES AND SHALL BE SUBJECT TO THE APPROVAL OF A MAJORITY OF THE BOARD OF CORPORATORS UNLESS A MAJORITY OF THE BOARD OF CORPORATORS SHALL DISAPPROVE OF SUCH ELECTION BY FORMAL ACTION TAKEN WITHIN 30 DAYS OF THE DATE OF WRITTEN NOTIFICATION OF THE ACTION BY THE BOARD OF TRUSTEES, IT SHALL BE CONCLUSIVELY PRESUMED THAT THE ELECTION HAS BEEN APPROVED THE PRESIDENT SHALL SERVE AT THE PLEASURE OF THE BOARD OF TRUSTEES AND SHALL RECEIVE SUCH COMPENSATION AS THE BOARD OF TRUSTEES PRESCRIBES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CONTROLLER, AND EXECUTIVE VICE PRESIDENT THE FORM 990 IS ALSO REVIEWED, DISCUSSED AND APPROVED BY THE BUSINESS COMMITTEE OF THE BOARD OF TRUSTEES THE FORM 990 WILL BE MADE AVAILABLE TO ALL OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE VIA THE WEB AND/OR A COPY WILL BE MAILED ELECTRONICALLY TO EACH MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ADMINISTRATIVE ASSISTANT OF THE PRESIDENT COLLECTS AND REVIEWS ALL OF THE CONFLICT OF INTEREST STATEMENTS COMPLETED BY THE BOARD OF TRUSTEES AND MAINTAINS A CHECKLIST TO ENSURE THAT SHE RECEIVES ALL OF THEM SHE THEN DOCUMENTS ANY DISCLOSURES MADE AND FORWARDS THIS DOCUMENT TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	<p>PRESIDENT/CEO - THE ASSOCIATE VICE PRESIDENT OF OPERATIONS AND HUMAN RESOURCES PARTICIPATES IN AND HAS ACCESS TO THE RESULTS OF A COMPENSATION SURVEY WITH OTHER CHRISTIAN COLLEGES THROUGH CUPA-HR'S DATA ON DEMAND FEATURE THE BENCHMARK CHOSEN IS THE 60TH PERCENTILE OF CCCU SCHOOLS THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY INFORMS THE DIRECTOR OF HUMAN RESOURCES OF COMPENSATION CHANGES TO THE PRESIDENT'S COMPENSATION THE EXECUTIVE COMMITTEE KEEPS RECORDS OF THESE ACTIONS -TOP MGMT/OTHER OFFICERS/KEY EMPLOYEES - FOR THE EXECUTIVE VICE PRESIDENT AND THE PROVOST POSITIONS, THE DIRECTOR OF HUMAN RESOURCES PROVIDES COMPENSATION DATA TO THE PRESIDENT ON THE RELATIVE PLACE OF EACH POSITION WITHIN ITS PAY RANGE PAY RANGES ARE ESTABLISHED BASED ON BENCHMARKS TO SURVEY DATA USING THE 60TH PERCENTILE OF CCCU SCHOOLS REPORTED IN THE SURVEY THE DIRECTOR OF HUMAN RESOURCES PARTICIPATES IN AND HAS ACCESS TO A COMPENSATION SURVEY WITH OTHER CHRISTIAN COLLEGES THROUGH CUPA-HR'S DATA ON DEMAND FEATURE THE BENCHMARK CHOSEN IS THE 60TH PERCENTILE OF CCCU SCHOOLS THE PRESIDENT CONSIDERS THE PREVIOUS YEAR'S PERFORMANCE AND GOAL ATTAINMENT IN MAKING COMPENSATION ADJUSTMENTS (USING A SIMILAR RAISE MATRIX USED FOR OTHER STAFF EMPLOYEE WHICH ESTABLISHES A GENERAL RAISE RANGE PARAMETER BASED ON PERFORMANCE RATING AND PAY RANGE PENETRATION) HE ALSO CONSIDERS THE RESPONSIBILITIES AND PROJECTS ACCOMPLISHED AND NEW DUTIES ASSUMED IN THE PREVIOUS YEAR THE PRESIDENT INFORMS THE DIRECTOR OF HUMAN RESOURCES OF THE APPROPRIATE CHANGES TO EXECUTIVE COMPENSATION THE PRESIDENT MAY ALSO DIRECT THE DIRECTOR OF HUMAN RESOURCES TO PAY RELATIVELY SMALL PERFORMANCE BONUSES FROM TIME TO TIME FOR POSITIONS SUCH AS DEANS AND ASSOCIATE VICE PRESIDENTS FOR THE FUNCTIONAL AREAS OF THE COLLEGE, THE PROCESS FOR ESTABLISHING PAY (AND PAY INCREASES) IS THE SAME AS ABOVE EXCEPT THAT THE DECISION MAKERS FOR THESE POSITIONS REST WITH THEIR RESPECTIVE SUPERVISOR, EITHER THE PROVOST OR THE EXECUTIVE VICE PRESIDENT</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GENEVA COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY STATEMENT AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND THROUGH ITS OWN WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,254,822 ACTUARIAL ADJUSTMENT ON ANNUITIES \$111,923 111,923 TOTAL TO FORM 990, PART XI, LINE 5 4,366,745

Identifier	Return Reference	Explanation
	FORM 990, PART XI, QUESTION 2, OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE COLLEGE'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GENEVA COLLEGE

Employer identification number

25-0965376

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA 7418 PENN AVENUE PITTSBURGH, PA 15208 25-0987250	A CHURCH SPREADING THE GOSPEL OF JESUS CHRIST & DISCIPLING BELIEVERS	PA	501(C)(3)	170(B)(1)(A)(I)	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA	C	99,836	FMV
(2) REFORMED PRESBYTERIAN CHURCH OF NORTH AMERICA	R	100,586	FMV
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 25-0965376
Name: GENEVA COLLEGE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
DOLLENA K DRANE TRUST 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6837004	PHILANTHROPY	PA	N/A	T	58,385	1,212,732	100 000 %
EUGENE F & MARGARET MOLTRUP JANNUZI CRUT 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6796338	PHILANTHROPY	PA	N/A	T		400,721	100 000 %
ELLEN E AND AGNES M SMYTH CHARITABLE REMAINDER UNITRUST 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6393944	PHILANTHROPY	PA	N/A	T		193,159	80 000 %
JOSEPH JR & BETH R LAMONT CRUT 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6577521	PHILANTHROPY	PA	N/A	T		762,912	100 000 %
VICTOR I & DOROTHY I MARKSON CRUT 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-1447511	PHILANTHROPY	PA	N/A	T		32,376	100 000 %
WALLOVER CRUT II 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 23-7948399	PHILANTHROPY	PA	N/A	T		561,893	100 000 %
ELDA V PERZ CRUT 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6501706	PHILANTHROPY	PA	N/A	T		385,904	100 000 %
ELDA PERZ CRUT II 3200 COLLEGE AVENUE BEAVER FALLS, PA15010 25-6573216	PHILANTHROPY	PA	N/A	T		196,984	100 000 %