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DLN: 93493080005342

Form 990

Department of the Treasury

# **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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service and ending 06-30-2011 A For the 2010 calendar year, or tax year beginning 07-01-2010 D Employer identification number **B** Check if applicable **EMORY & HENRY COLLEGE** 54-0505892 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (276) 944-6814 Terminated G Gross receipts \$ 40,352,382 Amended return City or town, state or country, and ZIP + 4 EMORY, VA 243270947 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes ROSALIND REICHARD PO BOX 947 ☐ Yes ☐ No **H(b)** Are all affiliates included? EMORY, VA 24327 If "No," attach a list (see instructions) H(c) Group exemption number > Tax-exempt status Website: ► www.ehc.edu K Form of organization Corporation Trust Association Other L Year of formation 1839 M State of legal domicile VA Part I Summary 1 Briefly describe the organization's mission or most significant activities As a college recognized nationally as a place that changes lives and as a place committed to community engagement, Emory & Henry College continued to create positive social change during the academic year Healthy, just, and sustainable living continued to be a focus. The development of values and skills to make decisions that will improve the quality of life without jeoparding the future of our planet continued, as well Emory & Henry College was honored with an environmentalism award by the Soutwest Virginia Technology Council and a recycling award given by the Environmental Protection Agency The College received high Activities & Governance rankings by U.S. NEWS, WASHINGTON MONTHLY and NEWSWEEK. In addition, students and professors in the Public Policy and Community Service Department were interviewed by NEWSWEEK COM Emory & Henry College was ranked nationally at #21 with WASHINGTON MONTHLY and was ranked nationally at #4 in NEWSWEEK'S service category 2 Check this box 📂 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) . . . . 36 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 35 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . 5 808 6 150 **6** Total number of volunteers (estimate if necessary) . . **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . 4.992.790 4,332,619 Program service revenue (Part VIII, line 2g) . . . . . 29,486,442 30,296,567 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,122,737 5,115,797 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 39,601,969 39,744,983 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 12,260,608 12,536,438 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 13,522,742 13,127,713 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  617,555 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 11,150,586 11,871,586 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 36,933,936 37,535,737 Revenue less expenses Subtract line 18 from line 12 . . 19 2,668,033 2,209,246 (Assets or of Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . . . . 158,036,620 171,434,517 21 Total liabilities (Part X, line 26) . . 27,325,124 27,575,150 Net assets or fund balances Subtract line 21 from line 20 . . 22 130,711,496 143,859,367 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 2012-03-15 Signature of officer Date Sign Here DIRK WILMOTH VP BUS & FINANCE Type or print name and title

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer's signature

Print/Type preparer's name

Firm's name 🕨

Firm's address

Paid

Preparer

**Use Only** 

Date

Check if self-

employed 🕨

PTIN

Firm's EIN

Phone no

┌ Yes

ΓNο

orm	990 (2	2010)						Page <b>2</b>
Pari	31111	Statement of Pr Check if Schedule O	_	-		t III		৷▽
1	Briefl	y describe the organiz	zation's missio	n				
educa about & Her	ational : all are nry stri	experiences in which eas of human experien	students confi ice These edu ihest quality lil	ront historical a cational experie beral arts educa	nd contemporary ences lead to lives	g a diverse group of well-qu deas and issues, and devel of service, productive care adition and innovation as it	op the ability to ers and global o	think critically citizenship Emory
2		e organization underta ior Form 990 or 990-			rvices during the	year which were not listed o	on	- No
	If "Ye	s," describe these nev	v services on S	Schedule O				
3	servic	e organization cease es?				it conducts, any program	. Tyes F	No No
4	Descr Section	the the exempt purpor	se achievemer (c)(4) organiza	nts for each of th	on 4947(a)(1) tru	hree largest program servic sts are required to report th ram service reported		
4a	(Code	e )	(Expenses \$	23,571,679	ıncludıng grants of s	12,536,438 ) (Reven	ue \$ 22	,552,097 )
	Bache schola The far and to (provous) with contact or highlighture thrus thrus the school of the sch	lor of Science and Bachelo arships and grants, support aculty-student ratio is approperation of support the academic sudding tutors, skill developm documented disabilities), aiding to measurements of stall average for four-year in ghts for the year included tham. In addition, a new pro-	r of Art degrees in ing the pursuit of oximaetly 1 11, possess of all student ent, workshops, and the Office of the tudent satisfaction is in the continuance of gram was offered the experience	n over 50 fields of si the degrees Forma providing for person, its, academic service academic counseling the Academic Dean in conducted by the gard to the quality of the implementation to students providions	tudy Student financial classroom instruction all classroom instruction and sees were provided through the control of the instruction I of the instruction they not the new core curing the opportunity to a synthesis of acader	Instruction to 851 full-time equival and was provided to nearly even a was provided by approximately mall class enrollments. To assist the uph the library, academic comput sonal counseling services, and account with the library services, and account with the working Labs are made available to the country (SSI), Emory & Henry streceive and the effectiveness of riculum and the beginning of the country at least 12 hours of college and learning and outdoor adventuring real-world competencies.	y student through a 75 fulltime teachin ne instruction progring, The Powell Residemic accommoda ble to students on a udents rate their actheir academic adviced by the single corredit in a single co	y variety of g faculty members ams of the College source Center itions for students in ongoing basis ollege well above the isors Academic ohysical therapy llege semester while
4b	(Code	<u> </u>	(Expenses \$	4,721,811	ıncludıng grants of s	) (Revenu	10 ¢ 7	339,776 )
40	Auxilia Additi OneC	ary services were provided onal dorms moved to a co- ard system continued to ex s, art and school supplies, a	to all students Ju- ed platform and kpand which provi	ust over 700 studen a first year village v des students easy-	its were provided hou was created Various u access to dorms, mea	sing and meals A new 119-bed ripgrades were made to several dolls, and other necessities across carough the campus bookstore and	esidence hall was o orms Utilization of impus through one	pened in the fall the new campus consolidated method
4c	(Code	, )	(Expenses \$	4,955,139	including grants of s	) (Revenu	ıe \$	 404,694 )
т.	Variou Cente of the a high oppor by pa and lo	is services were provided t ir, Admissions and Financia Dean of Students Nearly her education Many of tho tunities were provided to a rticipating in service learnin	o students throug il Aid, the Registra 870 students rece se students also all students for cor ng projects Throu 2011, a tornado d	h many programs a nr, the Student Heal erved some form of qualified to work on nmunity service wh ghout each student levastated a local co	and offices, including a th Center, the Appala financial aid through campus and by doing iich included a variety 's academic career, community near Emon	thiletics, intramural sports, the Ou chian Center for Community Serv various scholarships and grants, p go, earned valuable work experi of service projects. Every freshm mmunity service opportunities ar v. E&H students served critical role	tdoor Program, the ice, the Bonner Pro roviding them the c ences while learnin an begins their edu e available through	Martin Brock Student gram, and the Office opportunity to pursue g Additional icational experience local school systems
4d	Othe	r program services (l	Describe in Sc	hedule O )				
		enses \$		cluding grants o	of\$	0 ) (Revenue \$		0)

Total program service expenses►\$

33,248,629

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
9	complete Schedule D, Part III	8		
,	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"  complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$ ?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\checkmark$ Yes $\checkmark$ No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2010)

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
<u> </u>		Yes	No
	-		
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
	1		
	1c	Yes	
return			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the			
year?	3a		Νo
	3b		
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tay chelter transaction at any time during the tay year?	5-2		No
			No
	5b		140
In les to fine 3a of 3b, and the organization me Form 6680-17	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	6b		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
			No
	\ \frac{1}{2}		INC
The symmetric first the first state of the s	1		
	7.		No
			No
required?	7g	Yes	
Form 1098-C?	7h	Yes	
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	9a		
·	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
against amounts due or received from them )			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
126			
year	-		
Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of recognize the agreement in the recognized to recognize the the state of			
In which the organization is licensed to issue qualified health plans			
Enter the amount of reserves on hand	1		
			N.1
Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable.  Enter the number of Forms W-2G included in line 1s. Enter -0 - if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamening (pamiling) winnings to price womens?  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax.  Tax these times is reported to the called a reportable payments to vendors and reportable payments for the called a reportable of the called a reportable payment of the called a reportable payment on the called reportable payments for Portable payments on Schodule O.  At any time dumper the called a reportable payment on the called reportable payments for Form To F 90-22 1, Report of Foreign Bank and Financial Accounts of the organization and payments for Form To F 90-22 1, Report of Foreign Bank and Financial Accounts was to report to the organization of the organization related as the account of the organization of the organiz	Enter the number reperted in Box 3 of Form 1096. Enter -0 - if not applicable 1 s 5 5 10 0 0 0 100 the organization comply with backup withbolding rules for reportable payments to vendors and reportable gaming (gambing) without a town of the service of the serv	Enter the number reported in 50x 3 of Form 1996 Enter-0- if not applicable  Enter the number reported in 50x 3 of Form 1996 Enter-0- if not applicable  Enter the number reported in 50x 3 of Form 1996 Enter-0- if not applicable  Did the organization comply with backup with balding rules for reportable gaverients to vendors and reportable gaverients to sendors and reportable gaverients of the comply with packup with balding rules for reportable gaverients to vendors and reportable gaverients of the runber of applycation of the particles of the runber of applycation of the gaverients of the gav

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  vear			
ь	year			
	Independent         1         1         1         1         35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Upon request

- 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 🕨 Dirk Wilmoth VP Bus and Finance 30461 Garnand Dr

Emory, VA 243270947

(276) 944-6814

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Instructional Trustee or director		Former	organization (W-2/1099-MISC)  MISC)		compensation from the organization and related organizations			
See Additional Data Table										
-										
			<u> </u>							

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

	(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)							(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee		from the organization (W-2/1099-MISC)  Highest compensated   Institutional Trustee   Institutional Tru		organization (W- organization		,	from torganizati relat organiza	:he on and ed	
See A	dditional Data Table												
1b						•		•					
c d	Total from continuation sheets  Total (add lines 1b and 1c) .						-	<b> </b>	433,121		0		151,396
	Total number of individuals (inc						<u> </u>	· ) who	,	n	<u> </u>		101,050
	\$100,000 in reportable compe							,					
												Yes	No
3	Did the organization list any <b>fo</b> r on line 1a? <i>If</i> "Yes," complete Sc						mploy •	ee, c	r highest compens	ated employee	3		No
4	For any individual listed on line organization and related organization and related organizations.	zations greater t									4	Yes	
5	Did any person listed on line 1a services rendered to the organi		-						<del>-</del>		5		No
Se	ection B. Independent Cor	ntractors											
1	Complete this table for your five		nc atad i	ndan	anda	ant c	ontra	rtors	that received more	than			

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Sodexo Inc & Affilifates PO BOX 536922 ATLANTA, GA 303536922	Food Services, Project & Facilities Mgt Services	2,870,265
BurWil Construction Company BOX 637 BRISTOL, TN 37621	Construction Contractor	771,904
Craig Gaulden and Davis Inc 19 WASHINGTON PARK GREENVILLE, SC 29602	ARCHITECTURE SERVICES	665,601
CICV Benefits Consortium Suntrust Bank Richmond, VA 23219	Medical Insurance Contract	964,601
Carolina Green Corp 10108 Indian Trail-Fairview Rd Indian Trail, NC 28079	Artıfıcıal Turf Contract	556,805
2 Total number of independent contractors (including but not limited to those listed above)	) who received more than	

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
20 20	1a	Federated campaigns	1a	0				317
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	0				
£0€		Fundraising events						
###		Related organizations						
% <u>≣</u>		Government grants (contributions)		101,655				
in i				[			ļ	
돌축	f	All other contributions, gifts, grants similar amounts not included above		4,230,964				
물을	g	Noncash contributions included in li	nes 1a-1f \$	754,412				
္မ	h	Total. Add lines 1a-1f			4,332,619			
· ·				Business Code				
E	2a	Turtion & Food		611210	22 552 007	22 552 007	0	
Fev	ь	Tuition & Fees Sales & Services of Education Auxil	laries	611310 611310	22,552,097 7.339.776	7,339,776		
93	c	Sales & Services of Education Othe		611310	404,694			
er M	d				,	, ,		
Program Serwoe Revenue	e							
<u>5</u>	f	All other program service re	venue			0	0	
<b>₽</b>	cı	Total. Add lines 2a-2f			30,296,567			
$\rightarrow$		Investment income (including			30,230,307			
		and other similar amounts)			5,118,492	5,118,492	0	
	4	Income from investment of tax-ex			0	0	0	
	5	Royalties			0	0	0	
			(ı) Real	(II) Personal				
		Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	604,704	0				
	b	Less cost or	607,399	0				
		other basis and sales expenses						
		Gain or (loss)	-2,695	0				
-		Net gain or (loss)			-2,695	-2,695	0	
Other Revenue	oa	Gross income from fundraisi (not including \$ 0 of contributions reported on See Part IV, line 18	line 1c)					
the	h	Less direct expenses .	a b					
•		Net income or (loss) from fu	_					
			ectivities See Part IV, line 19 . a					
L	c	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les returns and allowances	a a					
	ь	Less cost of aoods sold	. <b>b</b>	I				ı
		Less cost of goods sold . Net income or (loss) from sa						
				Business Code				
		Net income or (loss) from sa Miscellaneous Revenue		Business Code				
	С	Net income or (loss) from sa Miscellaneous Revenue		Business Code				
	с 11а	Net income or (loss) from sa Miscellaneous Revenue		Business Code				
	11a b	Net income or (loss) from sa Miscellaneous Revenue	les of inventory •	Business Code				
	11a b c d	Net income or (loss) from sa  Miscellaneous Revenue	les of inventory	Business Code	0			

# Part IX Statement of Functional Expenses

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

Α	Section 501(c)(3) and 501(c)(4) organizations mus I other organizations must complete column (A) but are not required to c			(D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,536,438	12,536,438		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	399,845	0	399,845	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	10,471,585	9,085,699	986,339	399,547
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	310,411	268,187	29,310	12,914
9	Other employee benefits	1,187,386	856,079	298,512	32,795
10	Payroll taxes	758,486	655,675	73,362	29,449
а	Fees for services (non-employees) Management	0	0	0	0
b	Legal	6,339	0	6,339	0
c	Accounting	77,443	0	77,443	0
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	180,650	66,670	113,980	
12	Advertising and promotion	68,106	28,515	39,591	
13	Office expenses	1,273,823	1,069,577	120,961	83,285
14	Information technology	295,175	100,033	195,142	
15	Royalties				
16	Occupancy	4,464,663	4,033,016	431,647	
17	Travel	416,569	373,657	12,670	30,242
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,788	114,479	122,306	24,003
20	Interest	857,117	730,517	126,600	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,491,385	2,051,968	439,417	
23	Insurance	39,910	39,910	0	
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 )				
а	Memberships & Dues	178,268	123,906	52,280	2,082
b	Publications & Subscriptions	234,878	183,702	49,498	1,678
c	Study Abroad	93,609	93,609	0	0
d	Student Government	96,598	96,598	0	0
e	I-Hey & Other Athletic Programs	200,269	200,269	0	0
f	All other expenses	635,996	540,125	94,311	1,560
25	Total functional expenses. Add lines 1 through 24f	37,535,737	33,248,629	3,669,553	617,555
26	Joint costs. Check here ► ☐ 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				rm <b>990</b> (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 49.250 1 1 21,946 14.502.252 2 13.745.545 2 4,294,653 4,327,915 3 3 970.369 4 1,089,088 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 Schedule L . 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) **A**ssets 0 6 1,186,132 7 1,140,233 8 376,110 8 338,339 193,466 9 153,014 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis Complete 89,626,216 10a Part VI of Schedule D 10b 31.369.004 ь Less accumulated depreciation . . . . . 57,991,156 **10c** 58.257.212 53.928,664 11 11 63.398.798 18,094,408 12 21,276,712 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 1,408,070 1,964,985 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 5,042,090 15 5,720,730 15 16 158.036.620 16 171,434,517 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,705,964 17 1,357,755 17 Accounts payable and accrued expenses . 18 956,461 18 948,990 149.753 167.805 19 19 19,067,500 20,615,210 20 20 Liabilities 21 0 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 2.250.000 23 1.750.000 23 Secured mortgages and notes payable to unrelated third parties . . 24 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 3.195.446 25 2,735,390 Other liabilities Complete Part X of Schedule D . . . . . 26 27,325,124 26 27,575,150 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 36,835,146 27 39,464,701 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 52,487,915 61,450,390 28 28 Fund 41,388,435 29 42,944,276 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 130,711,496 33 143,859,367 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 158.036.620 171,434,517 34

<b>14</b> 01	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		20.7	44,983
2	Total expenses (must equal Part IX, column (A), line 25)	2			535,737
3	Revenue less expenses Subtract line 2 from line 1	3			209,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		130,7	11,496
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,9	38,625
6		6		143,8	359,367
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separated basis	sued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	_

### 93493080005342

OMB No 1545-0047

2010

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization EMORY & HENRY COLLEGE

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Employer identification number

| 54-0505892 ason for Public Charity Status (All organizations must complete this part.) See instructions

Га	111	Reason	IUI PU	DIIC CHAILTY Stat	.us (Ali organization	s must complete tills p	iait.) See ilisti uttio	115				
he o	organı	zation is no	t a privat	e foundation becaus	e it is (For lines 1 thro	ugh 11, check only one bo	ox )					
1	Γ	A church,	conventi	on of churches, or as	sociation of churches	described in <b>section 170(b</b>	o)(1)(A)(i).					
2	굣	A school d	lescribed	In section 170(b)(1	<b>)(A)(ii).</b> (Attach Sched	lule E )						
3	Γ	A hospital	or a coo	perative hospital ser	vice organization desc	ribed in <b>section 170(b)(1)</b>	(A)(iii).					
4	Γ			n organization operat ty, and state	ed in conjunction with a	a hospital described in <b>sec</b>	tion 170(b)(1)(A)(iii)	).Enter	the			
5	Γ	An organiz	ation op	erated for the benefit	of a college or univers	ity owned or operated by a	a governmental unit de	scribed	- In			
		section 17	0(b)(1)(	A)(iv). (Complete Pa	art II )							
6	Γ	A federal,	state, or	local government or	governmental unit des	cribed in <b>section 170(b)(1</b>	L)(A)(v).					
7	Γ	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	Γ	A commun	ity trust	described in <b>section</b>	170(b)(1)(A)(vi) (Co	mplete Part II )						
9 10 11	_ 	receipts fr its support acquired b An organiz An organiz	om activ t from gro y the org ation org ation org	ities related to its ex oss investment incor janization after June ganized and operated janized and operated	empt functions—subje ne and unrelated busin 30, 1975 See <b>section</b> exclusively to test for exclusively for the bei	of its support from contrib at to certain exceptions, a ess taxable income (less: 509(a)(2). (Complete Par public safety Seesection nefit of, to perform the func- tion 509(a)(1) or section	and (2) no more than 3 section 511 tax) from t III )  509(a)(4).  ctions of, or to carry or	31/3% o busines ut the pu	of sses urpos	es of		
	_	the box the	at descri ype I	bes the type of supp <b>b</b> Type II	orting organization and <b>c</b> Type II	complete lines 11e throu I - Functionally integrated	gh 11h d d $\Gamma$ T	ype III -	- Oth	er		
e	Γ		foundati			rolled directly or indirectl blicly supported organizat						
f				received a written de	termination from the II	RS that it is a Type I, Type	e II or Type III suppo	rtıng orç	ganıza	ation,		
		check this					6.1			Г		
g		following p		2006, has the organi	zation accepted any gif	t or contribution from any	of the					
				rectly or indirectly co	ontrols, either alone or	together with persons des	cribed in (ii)	[·	Yes	No		
		• • •		•	e the supported organia		` ' —	l1g(i)				
			•	er of a person describ	• • •			1g(ii)				
			•	•	n described in (i) or (ii)	above?		1g(iii)				
h					the supported organiza		L_	3( )				
	(i) Name suppo	e of	(ii) EIN	(iii)  Type of  organization  (described on  lines 1- 9 above	(iv)  Is the organization in col (i) listed in	(v) Did you notify the organization in col (i) of your	(vi)  Is the  organization in  col (i) organized	,	(vi 4 mou	int of		

(i) Name of supported organization	(ii) EIN		(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi)  Is the organization in col (i) organized in the US?		<b>(vii)</b> A mount of support
			Yes	No	Yes	No	Yes	No	
<del></del>									
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.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (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

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

**EIN:** 54-0505892

Name: EMORY & HENRY COLLEGE

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	che	')		<b>.</b>	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Dr Eugene M Bane Jr Board Member	1	х						0	0	0
Sarah Blakemore Drummond-Schell Board Member	1	Х						0	0	0
Bishop James E Swanson Sr	1	×						0	0	0
Board Member  Dr Douglas K Armbrister  Board Member	1	X						0	0	0
Robert H Feagins	1	Х						0	0	0
Board Member Major R Warner Jr										
Board Member	1	X						0	0	0
F Winton Lackey Board Member	1	Х						0	0	0
O Wayland Overstreet Board Member	1	×						0	0	0
Elizabeth Maiden Mahaffey Board Member	1	Х						0	0	0
James H Brooks Board Member	1	Х						0	0	0
Rev Dr William S Rodgers Board Member	1	Х						0	0	0
John E Eldridge Board Chairman	1 75	Х						0	0	0
David Lester Board Member	1 75	Х						0	0	0
Rev Eugene H Lovell Jr Board Member	1	×						0	0	0
Hal P McHorris Board Member	1	Х						0	0	0
Dr Emmett V Richardson Board Member	1	Х						0	0	0
Jennie Pruner Smith Board Secretary	1 75	Х						0	0	0
Katherine Greer Andrew Board Member	1	Х						0	0	0
Paul A Powell Jr Board Member	1	Х						0	0	0
Joseph F Ellis Board Member	1	Х						0	0	0
Carolee J Bondurant Board Member	1	Х						0	0	0
Jeoffrey B Bodenhorst Board Member	1 75	Х						0	0	0
Thomas D McGlothlin Board Member	1 75	Х						0	0	0
William B Pendleton Board Treasurer	1 75	X						0	0	0
Donna Proffit Vaughn Board Member	1 75	Х						0	0	0

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

(A) Name and Title	(B) Average hours	Posi t	(C tion ( hat a	ched	)			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jane Hicks Harter Board Member	1	Х						0	0	0
T Rick Hughes Board Member	1	Х						0	0	0
Ann Grim Sparger Board Member	1	Х						0	0	0
Robert Denny Tucker Board Member	1	Х						0	0	0
Dr L Carole Wharton Board Member	1	Х						0	0	0
Rev R Michael Hubble Board Member	1	Х						0	0	0
Dr David E Mullins Board Member	1	Х						0	0	0
Gary M Reedy Board Member	1	Х						0	0	0
B Fielding Rolston Board Member	1 75	×						0	0	0
Paul N Hubble Jr Board Member	1	Х						0	0	0
Dr Rosalınd Reichard President	40			х				219,457	0	61,371
Dr Dirk Wilmoth VP Business & Finance	40			Х				104,330	0	59,485
David Hawsey VP Enrollment	40					Х		109,334	0	30,540

DLN: 93493080005342

OMB No 1545-0047

Open to Public

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Political Campaign and Lobbying Activities** 

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

Inspection

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

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

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

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	ction 501(c)(4), (5), or (6) organ me of the organization			Employe	er identification number	
EM	DRY & HENRY COLLEGE			54-050	15892	
ar	t I-A Complete if the or	ganization is exempt und	ler section 501(	c) or is a section	n 527 organization.	
1	Provide a description of the oi	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV		
2	Political expenditures			ı	<b>-</b> \$	
3	V olunteer hours					
Par	t I-B Complete if the or	ganization is exempt und	ler section 501	c)(3).		
1	•	e tax incurred by the organization			<b></b> \$	
2	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955	<u></u>	
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐	No
4a	Was a correction made?				┌ Yes ┌	No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt und	ler section 501(	c) except sectio	n 501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization fo	or section 527 exem	pt function activities	<b>-</b> \$	
2	Enter the amount of the filing exempt funtion activities	organization's funds contributed t	to other organization	s for section 527	<b>▶</b> \$	
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	<b>-</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?				No
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio		er (EIN) of all section er the amount paid fr nd directly delivered	n 527 political organiz om the filing organiza I to a separate politica	zations to which the filing tion's funds Also enter the al organization, such as a	
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a	er (EIN) of all section er the amount paid fr nd directly delivered	n 527 political organiz om the filing organiza I to a separate politica	tations to which the filing tion's funds. Also enter the al organization, such as a information in Part IV  from (e) A mount of policins.	tical eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tical eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eiveo nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tical eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tical eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eivec nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eived nd to a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fr nd directly delivered ) If additional space	n 527 political organization the filing organization a separate politication is needed, provide in filing organization	tion's funds Also enter the al organization, such as a information in Part IV  from contributions received and promptly all directly delivered separate politic organization.	tica eived nd to a

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl						
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

		(;	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		1,352	
j	Total lines 1c through 1i		•	1,352	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

### Part IV Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
SchC_P2B_S00_L01	,	Emory & Henry College pays membership dues to the Council of Independent Colleges in Virginia, Inc. The percentage of membership dues that are used for lobbying are 11 5%

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493080005342

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE D (Form 990)

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

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization **EMORY & HENRY COLLEGE** 54-0505892 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? 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. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space

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 Held at the End of the Year

- Total number of conservation easements
- Total acreage restricted by conservation easements

c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by th	e organization during
	the taxable year 🛌		

- Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
  - Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- 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
- 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

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

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

2a

2b

Schedule D (Form 990) 2010

ar	Organizations Maintaining Co	llections of Art	, His	torica	al Tre	asures, oi	r Oth	<u>er Simila</u>	r Asse	ets (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follov	wing tha	at are a sıgnı	ficant	use of its co	ollectio	n	
а	Public exhibition		d		oan or	exchange pr	ogram	s			
b	Scholarly research		e	$\Gamma$	Other						
С	Preservation for future generations										
ŀ	Provide a description of the organization's co	ollections and expla	ın how	they f	further 1	the organizat	ion's e	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				mılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						red "	Yes" to Fo	rm 990	),	
	Part IV, line 9, or reported an an		-								
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for cor	ntributio	ons or other a	assets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	followi	ıng tab	le		_				
									A mo	ınt	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									- <b>\</b> [ \	ears Back
а	Beginning of year balance	(a)Current Year 71,605,236	(D,	Prior Ye 66.8	42,675	(c)Two Years	33,239	( <b>d)</b> Three Years	s Back (	e)Four Ye	ears back
a b	Contributions	949,140		-	13,223	•	39,474		-		
c	Investment earnings or losses	14,835,310			68,756	· · · · · · · · · · · · · · · · · · ·	14,879				
d	Grants or scholarships	, ,		,	, 0	,	, 0				
e	Other expenditures for facilities	3,613,959		3,9	19,418	3,93	35,159				
_	and programs										
f	Administrative expenses	0			0		0				
g	End of year balance	83,775,727		71,6	05,236	66,84	12,675				
	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	15 %									
ь	Permanent endowment 🕨 51 %										
c	Term endowment ► 34 %										
a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are	e held a	nd administe	ered fo	r the			
	organization by  (i) unrelated organizations								3a(i)	Yes	No No
				•	• •				3a(ii)		No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						• • •		3b		
	Describe in Part XIV the intended uses of th										
aı	rt VI Investments—Land, Buildings					), Part X, lıı	ne 10				
	Description of investment			(a) Co	ost or oth investme	ner <b>(b)</b> Cost o	or other			( <b>d</b> ) Boo	k value
a	Land					0 1,	248,195	5			.,248,195
ь	Buildings						425,106		15,488		3,109,618
	Leasehold improvements					0		)	0		, ,
d	Equipment					0 14,	490,995	10,9	04,771	3	3,586,224
e	Other					0	461,920	) 1	48,745		313,175

58,257,212

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation -year market value
(1)Financial derivatives		Cost of end-of	-year market value
(2)Closely-held equity interests			
(3)0 ther			
(A) Diversified Inflation Hedge	8,539,537		F_
(B) Alternatives	12,737,175		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	21,276,712		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	year market value
(1) Investment Property	1,964,985		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	1,964,985		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
(1) Deferred Loan Costs, Net of Accum Amortization			282,394
(2) Funds Held In Trust by Others			5,438,336
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			5,720,730
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
	(b) A mount		
Federal Income Taxes  Amounts Held on Behalf of Others	20.506		
Annuity & Trust Obligations	30,506 1,039,146		
FMV of Interest Rate Swap Agreements	1,665,738		
The state of the s	2,000,100		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,735,390		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,744,983
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,535,73
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,209,246
4	Net unrealized gains (losses) on investments	4	9,996,047
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	942,578
9	Total adjustments (net) Add lines 4 - 8	9	10,938,62
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,147,87
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	38,667,57
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 9,996,047		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	10,938,62
3	Subtract line <b>2e</b> from line <b>1</b>	3	27,728,946
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,016,037
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	39,744,983
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	25,519,700
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d 0	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	(
3	Subtract line <b>2e</b> from line <b>1</b>	3	25,519,700
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 12,016,037		
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,016,037
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	37,535,73
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	37,535,

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

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04		The endowment consists of approximately 400 individual funds, the majority of which support students directly through various scholarships. Approximately 60 of the funds provide support to program services for professorships, program chairs, lectureships, faculty travel and research, and other academic program expenses. A few funds are restricted and are used to subsidize various programs and projects of the College.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in Funds Held in Trust 619,038, Change in FMV Swap 286,085, Other 37,455
SchD_P12_S00_L02d		Change in Funds Held in Trust 619,038, Change in FMV Swap Agreement 286,085, Other 37,455
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial Aid 12,016,037
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial Aid 12,016,037

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As Filed Data -

DLN: 93493080005342

OMB No 1545-0047

Schools

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

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

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

54-0505892 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on 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

7

Yes

### Part II 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)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Emory & Henry College publicizes the following statement, "Emory & Henry College does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or physical handicap in administration of its educational policies, hiring policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Emory & Henry College affirms the dignity and worth of every individual."
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Funds are received from the Virginia Department of Taxation for student financial aid under the Virginia Tuition Assistance Grant program Funds are also received under various Federal Student Financial Aid Programs, including Federal Work-Study, Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Direct Loans, Teacher Education Assistance for College and Higher Education Programs, and National Science and Mathematics Access to Retain Talent Grants, and Academic Competitiveness Grants

Schedule E (Form 990 or 990-EZ) 2010

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493080005342

OMB No 1545-0047

Employer identification number

# **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

Inspect ion

EMORY & HENRY COLLEGE							54-0505892		
		on Grants and							
the selection cri	teria used to awa	ard the grants or ass	istance?	grants or assistance, the				<b>▽</b> Yes <b>┌</b>	
			<u> </u>	f grant funds in the Unite					
Form 99	0, Part IV, line	21 for any recipi	ent that received r	rganizations in the nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	es" to . Part II can be	
<b>1 (a)</b> Name and add organization or governmen		<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
2 Enter total numb	er of section 50	1(c)(3) and governn	nent organizations .						
3 Enter total numb	er of other organ	izations					<u> ▶ </u>		
For Privacy Act and Pape	erwork Reduction	Act Notice, see the Ir	structions for Form 99	0.	Cat No 50055P		Schedu	le I (Form 990) 2010	

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Grants and scholarships to students to assist with the cost of attendance to Emory & Henry College while pursuing a variety of bachelor of arts and science degrees The cost of attendance includes tuition, room, board, books and other living expenses	866	12,016,037	0	Book Value	
(2) Grants to faculty and students to aid with research expenses, travel expenses, and supplies and equipment in various academic areas	150	520,401	0	Book Value	

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Emory & Henry College maintains complete records for the grants and scholarships provided to all individuals. Those records indicate the criteria used to award the grants, documentation supporting the grantee's eligibility of the award, and substantiation for the amounts awarded. Documentation is also maintained as to when and how the funds are utilized. Where appropriate, periodic reports are prepared, summarizing the allocation of funds and a reconciliation of the amounts spent for each grant and scholarship. The College employs individuals whose primary responsibilities are to oversee the process of distributing financial grants and scholarships. The number of scholarship and grant recipients for cost of attendance are tracked by the administrative system. The number of faculty and student recipients for research, etc. are estimated based on the type of grants awarded and the number of participants.

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

DLN: 93493080005342

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	nizat ion	
MORY	& I	HENR	Y COL	LLEGE	

**Employer identification number** 

54-0505892

Ра	Questions Regarding Compensation				
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to c 990, Part VII, Section A, line 1a Complete Part III to provide any relevant infor				
	☐ First-class or charter travel ☐ Housing allowance o	r residence for personal use			
	☐ Travel for companions ☐ Payments for busine	ss use of personal residence			
	Tax idemnification and gross-up payments Health or social club	dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e	e g , maid, chauffeur, chef)			
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written pole reimbursement orprovision of all the expenses described above? If "No," complete		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expen officers, directors, trustees, and the CEO/Executive Director, regarding the items		2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the comporganization's CEO/Executive Director Check all that apply  Compensation committee  Written employment				
	☐ Independent compensation consultant ☐ Compensation surve				
		rd or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a wor a related organization	ith respect to the filing organization			
а	a Receive a severance payment or change-of-control payment from the organizatio	n or a related organization?	4a		Νo
ь	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement p	lan?	4b		Νo
С	c Participate in, or receive payment from, an equity-based compensation arrangem	ient?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	-			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization properties to the compensation contingent on the revenues of	pay or accrue any			
а	a The organization?		5a		Νo
b	<b>b</b> Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization $\mathfrak p$ compensation contingent on the net earnings of	pay or accrue any			
а	a The organization?		6a		Νo
ь	<b>b</b> Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III	provide any non-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a subject to the initial contract exception described in Regs section 53 4958-4(a)				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procesection $53.4958-6(c)$ ?	edure described in Regulations:	9		

### 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Dr Rosalınd Reıchard	(I) (II)	219,457 0	0			· · · · · · · · · · · · · · · · · · ·	280,828 0	283,749
(2)			<u> </u>	J	<u> </u>	<u> </u>	, , ,	
(3)								
(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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	Housing is provided to the President of the College. The house is located on the campus, is furnished for the convenience of the College and is a condition of employment. Housekeeping is provided at the presidential residence in all public areas used for entertainment and business activities of the College.

Schedule J (Form 990) 2010

DLN: 93493080005342

**Inspection** 

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

**Supplemental Information on Tax Exempt Bonds** 

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

54-0505892

Part I Bond Issues											
(a) Issuer Name			(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		Beh	alfof		Pool ncing
						Yes	No	Yes	No	Yes	No
IDA of the Town of Saltville VA	54-1090126		08-26-2003	5,200,000	Refinance 1993 Bonds		x		Х		X
IDA of Washington County VA	52-1324605		12-22-2004	5,000,000	Campus Energy Savings Project		x		Х		Х
IDA of Washington County VA	54-1324605		12-23-2005	2,500,000	Construction of 2 Student Housing Units		x		Х		x
IDA of Washington County VA	54-1324605		12-22-2006	10,000,000	Renovation of 2 Classroom & Admin Buildings		x		Х		x
								·			
	(a) Issuer Name  IDA of the Town of Saltville VA  IDA of Washington County VA  IDA of Washington County VA	(a) Issuer Name (b) Issuer EIN  IDA of the Town of Saltville VA  IDA of Washington County VA  IDA of Washington County VA  IDA of Washington County VA	(a) Issuer Name (b) Issuer EIN (c) CUSIP #  IDA of the Town of Saltville VA 54-1090126  IDA of Washington County VA 52-1324605  IDA of Washington County VA 54-1324605	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued  IDA of the Town of Saltville VA 54-1090126 08-26-2003  IDA of Washington County VA 52-1324605 12-22-2004  IDA of Washington County VA 54-1324605 12-23-2005	(a) Issuer Name       (b) Issuer EIN       (c) CUSIP #       (d) Date Issued       (e) Issue Price         IDA of the Town of Saltville VA       54-1090126       08-26-2003       5,200,000         IDA of Washington County VA       52-1324605       12-22-2004       5,000,000         IDA of Washington County VA       54-1324605       12-23-2005       2,500,000	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose  IDA of the Town of Saltville VA 54-1090126 08-26-2003 5,200,000 Refinance 1993 Bonds  IDA of Washington County VA 52-1324605 12-22-2004 5,000,000 Campus Energy Savings Project  IDA of Washington County VA 54-1324605 12-23-2005 2,500,000 Construction of 2 Student Housing Units  IDA of Washington County VA 54-1324605 12-22-2006 10,000,000 Renovation of 2 Classroom &	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Yes  IDA of the Town of Saltville VA 54-1090126 08-26-2003 5,200,000 Refinance 1993 Bonds  IDA of Washington County VA 52-1324605 12-22-2004 5,000,000 Campus Energy Savings Project  IDA of Washington County VA 54-1324605 12-23-2005 2,500,000 Renovation of 2 Student Housing Units  IDA of Washington County VA 54-1324605 12-22-2006 10,000,000 Renovation of 2 Classroom &	(a) Issuer Name         (b) Issuer EIN         (c) CUSIP #         (d) Date Issued         (e) Issue Price         (f) Description of Purpose         (g) Defeased           IDA of the Town of Saltville VA         54-1090126         08-26-2003         5,200,000         Refinance 1993 Bonds         X           IDA of Washington County VA         52-1324605         12-22-2004         5,000,000         Campus Energy Savings Project         X           IDA of Washington County VA         54-1324605         12-23-2005         2,500,000         Construction of 2 Student Housing Units         X           IDA of Washington County VA         54-1324605         12-22-2006         10,000,000         Renovation of 2 Classroom & X	(a) Issuer Name         (b) Issuer EIN         (c) CUSIP #         (d) Date Issued         (e) Issue Price         (f) Description of Purpose         (g) Defeased Behr Issued         (h) Behr Issued Price           IDA of the Town of Saltville VA         54-1090126         08-26-2003         5,200,000         Refinance 1993 Bonds         X           IDA of Washington County VA         52-1324605         12-22-2004         5,000,000         Campus Energy Savings Project         X           IDA of Washington County VA         54-1324605         12-23-2005         2,500,000         Renovation of 2 Student Housing Units         X           IDA of Washington County VA         54-1324605         12-22-2006         10,000,000         Renovation of 2 Classroom & X	(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           IDA of the Town of Saltville VA         54-1090126         08-26-2003         5,200,000         Refinance 1993 Bonds         X         X         X           IDA of Washington County VA         52-1324605         12-22-2004         5,000,000         Campus Energy Savings Project         X         X         X           IDA of Washington County VA         54-1324605         12-23-2005         2,500,000         Construction of 2 Student Housing Units         X         X           IDA of Washington County VA         54-1324605         12-22-2006         10,000,000         Renovation of 2 Classroom & X         X         X	(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 Yes No Yes No Yes No Yes No Yes IDA of the Town of Saltville VA 54-1090126 08-26-2003 5,200,000 Refinance 1993 Bonds X X X X IDA of Washington County VA 52-1324605 12-22-2004 5,000,000 Campus Energy Savings Project X X X X IDA of Washington County VA 54-1324605 12-23-2005 2,500,000 Construction of 2 Student Housing Units X X X X X IDA of Washington County VA 54-1324605 12-22-2006 10,000,000 Renovation of 2 Classroom & X X X

l											
Par	THE Proceeds				_						
				A		В		С	<u> </u>	D	
1	A mount of bonds retired			2,080,000		3,250,000		687,500		2,250,000	
2	A mount of bonds legally defeased			0		0		0		0	
3	Total proceeds of issue			5,200,000		5,000,000		2,500,000		10,000,000	
4	Gross proceeds in reserve funds			0		0		0		0	
5	Capitalized interest from proceeds			0		156,064		50,218		659,374	
6	Proceeds in refunding escrow			0		0		0	0		
7	Issuance costs from proceeds			0		19,856		50,000	75,000		
8	Credit enhancement from proceeds			0	C			0	0		
9	Working capital expenditures from proceeds			0		0		0		0	
10	Capital expenditures from proceeds			0		4,824,080		2,399,782	9,265,62		
11	Other spent proceeds			0		0		0	0		
12	Other unspent proceeds			0		0		0		0	
13	Year of substantial completion		20	03	20	06	20	07	20	800	
			Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refund	ding issue?	X			х		x		x	
15	Were the bonds issued as part of an advance refu	unding issue?		Х		Х		Х		Х	
16	Has the final allocation of proceeds been made?		Х		Х		Х		Х		
17	Does the organization maintain adequate books a	and records to support the final	×		×		X		×		

allocation of proceeds? Part IIII Private Business Use

			Α		В		С		)
		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?		Х		Х		Х		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		х		X		X

Part III Private Business Use (Continued)

			A	В		С		ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		×		×		×
b	Are there any research agreements that may result in private business use of bond-financed property?		х		×		×		×
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		x		х		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 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
5	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х		×		х	

Part IV Arbitrage

		ΑΑ		В		С		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		х		х		х	
2	Is the bond issue a variable rate issue?	Х			Х	Х		Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	x			х	х		х	
ь	Name of provider	Bank of Amer	пса			Bank of Amer	пса		
c	Term of hedge		20				20		20
d	Was the hedge superintegrated?		x				x		х
e	Was a hedge terminated?		х				х		х
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	х			х	х		х	
6	Did the bond issue qualify for an exception to rebate?		×	×			×		×

### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

DLN: 93493080005342

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

# **Supplemental Information on Tax Exempt Bonds**

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

Open to Public **Inspection** Employer identification number

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

Part I Bond Issues

allocation of proceeds?

financed property?

2

**Private Business Use** 

property financed by tax-exempt bonds?

54-0505892

(a) Issuer Name		(b) Issuer EIN	(b) Issuer EIN (c) CUSIP # (d		(e) Issue Pric	e (	(f) Description of Purpose			(g) Defeased		uer final		Pool ncing	
	IDA of Washington County VA					Cor	Construction of Student		Yes	No	Yes	No	Yes	No	
Α_	157. of Washington County VA	52-1324605		12-30-2009	5,500,0	nn	Housing			X		Х		Х	
В	IDA of the Town of Saltville VA	54-1090126		06-16-2011	2,500,0	001	Construction of Brooks Field House			×		Х	х		
_															
D	Part II Proceeds														
	110cccus	Α.	A		В		С			D					
1	A mount of bonds retired		67,2	90	0										
2	A mount of bonds legally defeased						0	0							
3	Total proceeds of issue					5,500,000		2,500,000							
4	Gross proceeds in reserve funds					0		0							
5	Capitalized interest from proceeds					46,868		0							
6	Proceeds in refunding escrow					0		0							
7	Issuance costs from proceeds					41,636		50,000							
8	Credit enhancement from proceeds					0		0							
9	Working capital expenditures from proceeds					0		0							
10	Capital expenditures from pro	į	5,411,496		0										
11	Other spent proceeds		0		0										
12	Other unspent proceeds					0		2,450,000							
13	Year of substantial completion			201	2010		2012								
					Yes	No	Yes	No	Yes		No	Ye	<u> </u>	No	
14	were the bonds issued as part of a current refunding issue?					Х		X							
15	Were the bonds issued as part of an advance refunding issue?					Х		Х							
16	Has the final allocation of proceeds been made?							Х							
17	Does the organization maintain adequate books and records to support the final				x		Х								

Yes

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

В

Yes

No

Х

Χ

Yes

D

No

С

No

Yes

Part III Private Business Use (Continued)

		Į.	١.		В		C	I	)		
		Yes	No	Yes	No	Yes	No	Yes	No		
3a	Are there any management or service contracts that may result in private business use?		х		×						
b	Are there any research agreements that may result in private business use of bond-financed property?		х		×						
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?	х		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 %			0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %							
6	Total of lines 4 and 5	0 %		0 %			0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х							

Part IV	Arbitrage	

		A		В		С		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?								
	Dolla 133ac		×		×				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
	into a neage with respect to the bond issue.		X		X				
ь	Name of provider								
С .	Term of hedge								
	Was the hedge superintegrated?				<u> </u>		T		
d	was the heage superintegrated.								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
ь	Name of provider		•		•		•		•
С	Term of GIC						T		T
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	value of the GIC satisfied.								
5	Were any gross proceeds invested beyond an available temporary								
	period?		Х		×				
6	Did the bond issue qualify for an exception to rebate?								
	- in the ferm serve quality for an exception to repute			Y	1				

## Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

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DLN: 93493080005342

OMB No 1545-0047

<u>Inspection</u>

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

**NonCash Contributions** 

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

**Employer identification number** 

					54-0505892			
Pa	tI Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			-5				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
ood	5							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	25	607,399	Market Quotes			
.0	Securities—Closely held stock							
.1	Securities—Partnership, LLC, or trust interests .							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic							
4	structures							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other	Х	1	138,316	Market Appraisal			
8	Collectibles			·				
9	Food inventory							
	Drugs and medical supplies							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts .							
	Lıfe							
	Insurance							
	Other ► ( <u>Policy</u> )	Х	1	8,697	Cash Surrender Val	ue		
	O ther ▶()							
	O ther ▶()							
8	O ther ▶ ()							
9	Number of Forms 8283 received b for which the organization complete		= -		29			C
							Yes	No
0a	During the year, did the organization							
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	t ın Part I	Ί					
1	Does the organization have a gift a	cceptano	ce policy that requires the r	review of any non-standard	contributions?	31		Νo
2a	Does the organization hire or use to contributions?	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report re	evenuesi	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II				•			

### Part II

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

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

Schedule M (Form 990) 2010

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DLN: 93493080005342

OMB No 1545-0047

2010

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE 0** 

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.

Supplemental Information to Form 990 or 990-EZ

Name of the organization EMORY & HENRY COLLEGE Employer identification number

54-0505892

ldentifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	A new 119-bed residence hall was completed and the students moved into the new space for the fall semester. In addition, the College took possession of property to serve as a land preserve and environmental science laboratory for the College's students. Progress began toward the development of a physical therapy program.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The completed Form 990 is reviewed by the President, VP for Business & Finance, and members of the Business Affairs/Audit Committee of the Board of Trustees prior to filing the return

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	All Board members, the President, and the Vice Presidents of the College are required to complete a Conflict of Interest Questionnaire on an annual basis. The Questionnaire is designed to disclose any conflict of interest so that the Board can address such a conflict directly and immediately. If, at any time during the fiscal year, a questionable relationship arises, the Executive Committee will address immediately.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Trustees Executive Committee conducts a review annually of the President's performance and reports the results to the Full Board. The Committee develops appropriate recommendations for consideration by the Full Board. Comparable date is compiled from Forms 990 and other college and university organizations and publications for purposes of determining appropriate levels of salaries and benefits. The Human Resource Manager and the President compile comparable information in regard to other officers of the College and the President makes adjustments as appropriate and as fiscally responsible budgets will allow.

ldentifier F	Return Reference	Explanation
F990_P06_S0C_L19 F	Section C, Line 19	Emory & Henry College makes its governing documents, conflict of interest policy, and copies of the complete Form 990 available to the public upon request. The Form 990 is also available for public inspection on a public website.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	1 ' '	Net Unrealized Gains & Losses 9,996,047, Change in Funds Held in Trust 619,038, Change in FMV of Sw ap Agreements 286,085, and Other 37,455

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DLN: 93493080005342

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R**

(Form 990)

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ▶ 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

Name of the organization **Employer identification number EMORY & HENRY COLLEGE** 54-0505892 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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 Disproj alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) Byars & Wiley LLC												
PO Box 947 Emory, VA24327 26-2421163	Rental Real Estate	VA	N/A	Unrelated	33,363	-1,293,707		No	0	Yes		98 99 %
Part IV Identif	fication of Rela	ted Or	ganizations Tax	able as a Corpo	ration or Trust	(Complete if the	organ	ızatıor	n answered "Yes"	on Fo	orm 9	90, Part IV,

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>(b)</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	<b>(h)</b> Percentage ownership

(6)

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No		
<b>1</b> D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nızatıons lısted ın Part	s II-IV?						
а	Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No		
b	Gıft, g	rant, or capital contribution to other organization(s)				1b		No		
c	Gıft, g	ant, or capital contribution from other organization(s)				<b>1</b> c		No		
d	Loans or loan guarantees to or for other organization(s)									
e										
f	Sale o	fassets to other organization(s)				1f		No		
g	Purch	ase of assets from other organization(s)				1g		No		
h	Excha	nge of assets				1h		No		
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)  f Sale of assets from other organization(s)  g Purchase of assets from other organization(s)  i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  j Performance of services or membership or fundraising solicitations for other organization(s)  ii Performance of services or membership or fundraising solicitations by other organization(s)  iii Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  o Reimbursement paid to other organization for expenses  q Other transfer of cash or property from other organization(s)  I I Other transfer of cash or property from other organization(s)  II I I I I I I I I I I I I I I I I I							Yes			
j	j Lease of facilities, equipment, or other assets from other organization(s)									
k	Perfor	mance of services or membership or fundraising solicitations for other organization(s)				1k		No		
- 1	/ o									
m										
n	Sharır	g of paid employees				1n		No		
0	Reimb	ursement paid to other organization for expenses				10		No		
Р	Reimb	ursement paid by other organization for expenses				1р		No		
q	Other	transfer of cash or property to other organization(s)				<b>1</b> q		No		
r	Other	transfer of cash or property from other organization(s)				1r		No		
					'		•			
2	Ifthe	inswer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transacti	on thresholds					
	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)  f Sale of assets to other organization(s)  f Exchange of assets from other organization(s)  in Exchange of assets from other organization(s)  in Exchange of facilities, equipment, or other assets to other organization(s)  in Lease of facilities, equipment, or other assets from other organization(s)  in Lease of facilities, equipment, or other assets from other organization(s)  in Performance of services or membership or fundraising solicitations for other organization(s)  in Sharing of facilities, equipment, mailing lists, or other assets  in Sharing of paid employees  or Reimbursement paid to other organization for expenses  p Reimbursement paid to other organization for expenses  q Other transfer of cash or property to other organization(s)  in Other transfer of cash or property from other organization(s)  in Other transfer of cash or property from other organization(s)  in Other transfer of cash or property from other organization(s)									
		Name of other organization					ing amo	ount		
<b>(1)</b> B	lyars & Wi	ey LLC		697,355	Contract					
<b>(2)</b> B	lyars & Wi	ey LLC	J	732,144	Contract					
(3)										
(4)										
(5)										
(5)										

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations <sup>2</sup>		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
										+	
										-	
										t	
									_	+	
										t	
										+	
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										1	
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										T	
										I	

## 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