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

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LE MOYNE COLLEGE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1419 SALT SPRINGS ROAD City or town, state or country, and ZIP + 4 SYRACUSE, NY 13214 F Name and address of principal officer Fred P Pestello PhDPresident 1419 Salt Springs Road Syracuse, NY 13214	D Employer identification number 15-0545841 E Telephone number (315) 445-4100 G Gross receipts \$ 123,120,763
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ www.lemoyne.edu		L Year of formation 1946 M State of legal domicile NY
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE COLLEGE IS A DIVERSE LEARNING COMMUNITY THAT STRIVES FOR ACADEMIC EXCELLENCE IN THE CATHOLIC AND JESUIT TRADITION THROUGH ITS COMPREHENSIVE PROGRAMS ROOTED IN THE LIBERAL ARTS AND SCIENCES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,668
	6 Total number of volunteers (estimate if necessary)	6	1,803
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,997
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-9,457
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	7,634,338	10,842,239
	9 Program service revenue (Part VIII, line 2g)	88,391,218	93,460,888
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,391,555	3,522,258
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	766,532	726,877
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,183,643	108,552,262
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,880,851	30,195,776
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,356,771	43,135,573
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,500	33,750
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,478,424		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,674,746	25,583,091
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,929,868	98,948,190
	19 Revenue less expenses Subtract line 18 from line 12	10,253,775	9,604,072
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	240,371,090	237,575,755
	21 Total liabilities (Part X, line 26)	72,619,263	73,310,370
	22 Net assets or fund balances Subtract line 21 from line 20	167,751,827	164,265,385

Part II Signature Block

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

Sign Here	***** Signature of officer	2013-04-03	Date
	Roger Stackpoole Treasurer Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ KPMG	Date 2013-04-01	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 515 BROADWAY ALBANY, NY 12207	Preparer's taxpayer identification number (see instructions) EIN ▶ Phone no ▶ (860) 522-3200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE COLLEGE IS A DIVERSE LEARNING COMMUNITY THAT STRIVES FOR ACADEMIC EXCELLENCE IN THE CATHOLIC AND JESUIT TRADITION THROUGH ITS COMPREHENSIVE PROGRAMS ROOTED IN THE LIBERAL ARTS AND SCIENCES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 56,988,575 including grants of \$ 30,195,776) (Revenue \$ 78,308,755)
SEE SCHEDULE O

4b (Code) (Expenses \$ 6,921,914 including grants of \$ 0) (Revenue \$ 0)
SEE SCHEDULE O

4c (Code) (Expenses \$ 19,220,702 including grants of \$ 0) (Revenue \$ 15,987,367)
SEE SCHEDULE O

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

4e Total program service expenses \$ 83,131,191

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	8 Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> <input checked="" type="checkbox"/>	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	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 "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	19	No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> <input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (32), 1b (30), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (No), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
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 made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made 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.
ROGER W STACKPOOLE
1419 SALT SPRINGS ROAD
Syracuse, NY 132141301
(315) 445-4170

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,716,539	0	278,484	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**34

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WOODCOCK ASSOC INC 6500 NEW VENTURE GEAR DRIVE E SYR, NY 13057	CONSTRUCTION CNTRCT	3,207,193
ROBERT H LAW INC 6883 SCHYLER RD E SYR, NY 13057	CONSTRUCTION CNTRCT	2,404,014
SODEXHO INC AFFILIATES LE MOYNE COLLEGE SYRACUSE, NY 13214	CAMPUS DINING SERV	1,654,307
EDWARD SCHALK SON 6801 MYERS RD E SYR, NY 13057	CONSTRUCTION CNTRCT	1,568,625
DEMCO NEW YORK 6701 MANLUIS CENTER RD SYR, NY 13206	CONSTRUCTION CNTRCT	1,432,481

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**58

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	250,650				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	3,132,727				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,458,862				
	g	Noncash contributions included in lines 1a-1f \$ 1,836,289					
	h	Total. Add lines 1a-1f ▶	10,842,239				
Program Service Revenue			Business Code				
	2a	TUITION & FEES	77,527,522	77,527,522			
	b	INTERCOLL ATHLETICS	215,405	215,405			
	c	ROOM & BOARD	15,503,515	15,503,515			
	d	CATERING SERVICE	49,877	49,877			
	e	BOOKSTORE	164,569	164,569			
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶	93,460,888					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	1,585,138		7,997	1,577,141	
	4	Income from investment of tax-exempt bond proceeds . . ▶	0				
	5	Royalties ▶	0				
	6a	(i) Real					
		(ii) Personal					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		16,247,277	3,382		
		(ii) Other					
		b	Less cost or other basis and sales expenses	14,313,335	204		
		c	Gain or (loss)	1,933,942	3,178		
	d	Net gain or (loss) ▶	1,937,120			1,937,120	
	8a	Gross income from fundraising events (not including \$ 250,650 of contributions reported on line 1c) See Part IV, line 18					
	a		146,605				
b	Less direct expenses b	254,962					
c	Net income or (loss) from fundraising events . . ▶	-108,357			-108,357		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶	0					
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶	0					
Miscellaneous Revenue		Business Code					
11a	FEES AND ADMISSIONS	473,473	473,473				
b	CONFERENCES	153,641	153,641				
c	INDIRECT COST RECOVERY	59,624	59,624				
d	All other revenue	148,496	148,496				
e	Total. Add lines 11a-11d ▶	835,234					
12	Total revenue. See Instructions ▶	108,552,262	94,296,122	7,997	3,405,904		

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	30,195,776	30,195,776		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	832,783	189,106	643,677	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	72,070	72,070		
7	Other salaries and wages	32,013,664	25,699,681	5,019,328	1,294,655
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,478,999	1,938,471	437,427	103,101
9	Other employee benefits	5,505,880	4,144,657	1,129,976	231,247
10	Payroll taxes	2,232,177	1,718,130	415,997	98,050
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	232,944		232,944	
c	Accounting	177,267		177,267	
d	Lobbying	65,450			65,450
e	Professional fundraising See Part IV, line 17	33,750			33,750
f	Investment management fees	148,037		148,037	
g	Other	0			
12	Advertising and promotion	669,451	669,451		
13	Office expenses	1,349,418	1,020,671	241,668	87,079
14	Information technology	848,392		848,392	
15	Royalties	0			
16	Occupancy	0			
17	Travel	2,731,332	1,965,230	437,404	328,698
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,415,380	1,277,396	125,216	12,768
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,274,913	5,019,104	228,453	27,356
23	Insurance	383,817	146,092	229,196	8,529
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ROOM & BOARD	3,388,048	3,388,048		
b	UTILITIES	2,016,617	1,004,884	1,011,733	
c	FACILITIES MAINTENANCE	1,871,728	1,370,710	501,018	
d	CUSTODIAL SERVICES	1,158,040	662,210	495,830	
e					
f	All other expenses	3,852,257	2,649,504	1,015,012	187,741
25	Total functional expenses. Add lines 1 through 24f	98,948,190	83,131,191	13,338,575	2,478,424
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	12,861,775	1	15,657,520
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	1,847,374
	4 Accounts receivable, net	4,034,966	4	4,893,339
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	3,162,329	7	3,158,628
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	144,797,315		
	b Less accumulated depreciation	57,031,858	10b	
	11 Investments—publicly traded securities	72,180,995	10c	87,765,457
	12 Investments—other securities See Part IV, line 11	104,248,010	11	95,015,224
	13 Investments—program-related See Part IV, line 11	21,120,627	12	21,240,402
	14 Intangible assets	0	13	0
	15 Other assets See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,762,388	15	7,997,811	
	240,371,090	16	237,575,755	
Liabilities	17 Accounts payable and accrued expenses	4,188,166	17	2,335,532
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	47,932,335	20	47,508,118
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	20,498,762	25	23,466,720
	26 Total liabilities. Add lines 17 through 25	72,619,263	26	73,310,370
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	53,922,313	27	53,393,264
	28 Temporarily restricted net assets	39,022,188	28	34,506,912
	29 Permanently restricted net assets	74,807,326	29	76,365,209
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	167,751,827	33	164,265,385	
34 Total liabilities and net assets/fund balances	240,371,090	34	237,575,755	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,552,262
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,948,190
3	Revenue less expenses Subtract line 2 from line 1	3	9,604,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,751,827
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,090,514
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	164,265,385

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number

15-0545841

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0545841
Name: LE MOYNE COLLEGE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED P PESTELLO PHD PRESIDENT	35 0	X		X				413,586	0	39,581
REV CHIFFORD H AUTH JR TRUSTEE	1 0	X						0	0	0
NOREEN R FALCONE TRUSTEE	1 0	X						0	0	0
WALTER F BENSON JR CHAIR/TRUSTEE	1 0	X						0	0	0
DENA C FEENEY TRUSTEE	1 0	X						0	0	0
WILLIAM J BARRETT TRUSTEE	1 0	X						0	0	0
WILLIAM M FLYNN TRUSTEE	1 0	X						0	0	0
THOMAS G BERKERY TRUSTEE	1 0	X						0	0	0
HENRY W FUST TRUSTEE	1 0	X						0	0	0
JAMES R CARRICK TRUSTEE	1 0	X						0	0	0
STEPHEN T HELMER TRUSTEE	1 0	X						0	0	0
BRIAN W COLEMAN TRUSTEE	1 0	X						0	0	0
REV FRANCIS G HILTON SJ SECRETARY/TRUSTEE	1 0	X						0	0	0
MICHAEL J HOLLAND TRUSTEE	1 0	X						0	0	0
JAMES B CONNORS TRUSTEE	1 0	X						0	0	0
SHARON A KINSMAN SALMON VICE CHAIR/TRUSTEE	1 0	X						0	0	0
REV WILLIAM DOLAN TRUSTEE	1 0	X						0	0	0
ABRAHAM M LACKMAN TRUSTEE	1 0	X						0	0	0
PAUL A DRESCHER TRUSTEE	1 0	X						0	0	0
WILLIAM F EDWARDS TRUSTEE	1 0	X						0	0	0
JAMES J MALVASO TRUSTEE	1 0	X						0	0	0
JOSEPH G MARINA SJ PH D TRUSTEE	1 0	X						0	0	0
VINCENT F SPINA TRUSTEE	1 0	X						0	0	0
JOHN M MORPHY TRUSTEE	1 0	X						0	0	0
ROBERT M TURNER TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN TYSZKO TRUSTEE	1 0	X						0	0	0
REV RICHARD SALMI SJ TRUSTEE	1 0	X						0	0	0
FREDERICK M VALERION SR TRUSTEE	1 0	X						0	0	0
BARBARA SCANLON JESSUP TRUSTEE	1 0	X						0	0	0
REV JEFFREY VON ARX SJ TRUSTEE	1 0	X						0	0	0
STEPHEN D SCROBE TRUSTEE	1 0	X						0	0	0
THOMAS M WYNNE TRUSTEE	1 0	X						0	0	0
ROGER W STACKPOOLE TREASURER	35 0			X				198,246	0	65,431
LINDA LEMURA PHD PROVOST&VP OF ACADEMIC AFFAIRS	35 0			X				183,665	0	30,092
DENNIS R DEPERRO VP DIV OF ENROLLMENT MANAGEME	35 0				X			150,273	0	36,285
GREGORY J STAHL VP DIV OF INSTITUTIONAL ADVAN	35 0				X			147,636	0	28,214
MARTHA GRABOWSKI PHD PROFESSOR	35 0				X			162,671	0	34,016
PATRICIA R SCHMIDT PROFESSOR	35 0				X			155,782	0	10,929
WALLY J ELMER PHD DEAN OF MANAGEMENT	35 0				X			155,414	0	27,552
CHONGYOUL KIM PROFESSOR	35 0				X			149,266	0	6,384

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LE MOYNE COLLEGE

Employer identification number

15-0545841

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
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	Amount
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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		65,450
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			65,450
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule C, Part II-B, question 1g		THE COLLEGE HIRES A LOBBYING FIRM TO OBTAIN FUNDING FOR THE COLLEGE THROUGH THE FEDERAL APPROPRIATIONS PROCESS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LE MOYNE COLLEGE

Employer identification number 15-0545841

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

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

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

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	124,165,050	101,746,493	83,613,889	46,741,863	
b Contributions	1,556,749	2,904,532	7,822,895	42,263,106	
c Investment earnings or losses	-5,137,587	22,602,292	12,322,161	-3,117,760	
d Grants or scholarships	2,895,640	2,164,546	1,346,957	1,894,032	
e Other expenditures for facilities and programs	2,000,000				
f Administrative expenses	971,483	923,721	665,495	379,288	
g End of year balance	114,717,089	124,165,050	101,746,493	83,613,889	

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

- a** Board designated or quasi-endowment **▶** 8 220 %
- b** Permanent endowment **▶** 66 570 %
- c** Term endowment **▶** 25 210 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,396,180		1,396,180
b Buildings		106,954,535	38,872,689	68,081,846
c Leasehold improvements		0	0	0
d Equipment		24,633,492	16,413,367	8,220,125
e Other		11,813,108	1,745,802	10,067,306
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				87,765,457

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	108,552,262
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	98,948,190
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,604,072
4	Net unrealized gains (losses) on investments	4	-9,568,387
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,522,127
9	Total adjustments (net) Add lines 4 - 8	9	-13,090,514
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,486,442

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

1	Total revenue, gains, and other support per audited financial statements	1	99,112,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-9,568,387
b	Donated services and use of facilities	2b	21,558
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-9,546,829
3	Subtract line 2e from line 1	3	108,659,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	148,037
b	Other (Describe in Part XIV)	4b	-254,962
c	Add lines 4a and 4b	4c	-106,925
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	108,552,262

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

1	Total expenses and losses per audited financial statements	1	102,598,801
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	21,558
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,777,090
e	Add lines 2a through 2d	2e	3,798,648
3	Subtract line 2e from line 1	3	98,800,153
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	148,037
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	148,037
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	98,948,190

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule D, Part III, Line 4		THE COLLEGE OWNS A COLLECTION OF RARE HISTORICAL BOOKS DATING BACK TO THE CIVIL WAR PERIOD AND A SET OF DOORS OF AFRICAN ORIGIN AS PART OF THE COLLEGE'S EXEMPT PURPOSE, THESE ITEMS ARE MADE ACCESSIBLE FOR STUDY BY THE STUDENTS, FACULTY AND STAFF
SCHEDULE D, PART V, LINE 4		THE INTENDED USES OF THE COLLEGE'S ENDOWMENT FUNDS ARE TO PROVIDE MERIT AND NEED-BASED INSTITUTIONAL FINANCIAL AID TO STUDENTS, AND SUPPORT ACADEMIC PROGRAMS, USED TO SUPPORT PLANT AND OTHER EDUCATIONAL PURPOSES IN ACCORDANCE WITH THE DONORS INTENTIONS FOR THE USE OF THE FUNDS
SCHEDULE D, PART X, LINE 2		THE COLLEGE GENERALLY DOES NOT PROVIDE FOR INCOME TAXES SINCE IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ASC 740, INCOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFITS OF AN UNCERTAIN TAX POSITION ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IN THE EVENT OF AN EXAMINATION BY TAX AUTHORITIES IN EVALUATING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD, THE COLLEGE MUST PRESUME THAT THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION ASC 740 ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES TAX POSITIONS DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE IN THE CURRENT YEAR THE COLLEGE HAS ANALYZED ALL OPEN TAX YEARS, AS DEFINED BY THE STATUES OF LIMITATIONS, FOR ALL MAJOR JURISDICTIONS OPEN TAX YEARS ARE THOSE THAT ARE OPEN FOR EXAM BY TAXING AUTHORITIES MAJOR JURISDICTIONS FOR THE COLLEGE INCLUDE FEDERAL AND THE STATE OF NEW YORK AS OF MAY 31, 2012, OPEN FEDERAL AND NEW YORK TAX YEARS FOR THE COLLEGE INCLUDE THE TAX YEARS ENDED MAY 31, 2009 THROUGH MAY 31, 2011 THE COLLEGE HAS NO EXAMINATION IN PROGRESS THE COLLEGE BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS
SCHEDULE D, PART XI, LINE 8		CHANGE IN VALUE OF FIN 47 LIABILITY (\$1,175,425) CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (\$695,177) CHANGE IN VALUE OF SFAS 158 POSTRETIREMENT CARE LIABILITY (\$1,389,523) CHANGE IN BAD DEBT (\$262,000) ROUNDING (\$2) TOTAL (\$3,522,127)
SCHEDULE D, PART XII, LINE 4B		DIRECT EXPENSES RELATED TO FUNDRAISING ACTIVITIES (\$254,962)
SCHEDULE D, PART XIII, LINE 2D		DIRECT EXPENSES RELATED TO FUNDRAISING ACTIVITIES \$254,962 CHANGE IN VALUE OF FIN 47 LIABILITY \$1,175,426 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$695,177 CHANGE IN BAD DEBT \$262,000 CHANGE IN VALUE OF SFAS 158 POSTRETIREMENT CARE LIABILITY \$1,389,523 ROUNDING \$2 TOTAL \$3,777,090

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number

15-0545841

Part I

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE E, LINE 3		SUCH POLICY IS CONTAINED IN THE COLLEGE CATALOG AND IS MADE AVAILABLE TO THE STUDENTS AND GENERAL PUBLIC
SCHEDULE E, LINE 6A		LE MOYNE COLLEGE RECEIVES FEDERAL FINANCIAL AID UNDER THE PELL GRANT, SEOG AND COLLEGE WORK STUDY PROGRAMS, AS WELL AS THE ACADEMIC COMPETITIVENESS GRANT. PELL GRANTS ARE AWARDED BY THE FEDERAL AGENCY DIRECT TO EACH STUDENT. SEOG, COLLEGE WORK STUDY, and ACADEMIC COMPETITIVENESS GRANTS ARE AWARDED BY THE INSTITUTION BASED ON NEED AS DEFINED BY THE APPROPRIATE AGENCY.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number

15-0545841

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific			Program Services	STUDY ABROAD	53,320
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	250,359
Russia and the Newly Independent States			Program Services	STUDY ABROAD	13,195
3a Sub-total					316,874
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					316,874

Part IV Foreign Forms

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

Additional Data

Software ID:

Software Version:

EIN: 15-0545841

Name: LE MOYNE COLLEGE

Part V Supplemental Information

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LE MOYNE COLLEGE

Employer identification number 15-0545841

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes row for HARVEST FRC INC and a Total row.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FOUNDER'S DAY (event type)	GOLF TOURN (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	315,075	43,340	38,840	397,255
	2 Less Charitable contributions	214,100	16,055	20,495	250,650
	3 Gross income (line 1 minus line 2)	100,975	27,285	18,345	146,605
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	140			140
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	153,459		32,741	186,200
	9 Other direct expenses	27,598	35,824	5,200	68,622
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(254,962)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-108,357	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships/grants applied to tuition and fees DC	2765	30,195,776			

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2		GRANTS AND ASSISTANCE IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR ARE SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD DESIGNED TO ENSURE THAT INDIVIDUALS RECEIVING GRANTS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS STUDENTS RECEIVING SCHOLARSHIP GRANTS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number
15-0545841

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRED P PESTELLO PHD	(i)	355,000	0	58,586	23,275	16,306	453,167	0
	(ii)	0	0	0	0	0	0	0
(2) ROGER W STACKPOOLE	(i)	193,896	0	4,350	19,114	46,317	263,677	0
	(ii)	0	0	0	0	0	0	0
(3) LINDA LEMURA PHD	(i)	179,315	0	4,350	17,338	12,754	213,757	0
	(ii)	0	0	0	0	0	0	0
(4) DENNIS R DEPERRO	(i)	147,776	0	2,497	14,013	22,272	186,558	0
	(ii)	0	0	0	0	0	0	0
(5) GREGORY J STAHL	(i)	123,386	0	24,250	12,144	16,070	175,850	0
	(ii)	0	0	0	0	0	0	0
(6) MARTHA GRABOWSKI PHD	(i)	162,571	0	100	15,665	18,351	196,687	0
	(ii)	0	0	0	0	0	0	0
(7) PATRICIA R SCHMIDT	(i)	68,216	0	87,566	5,483	5,446	166,711	0
	(ii)	0	0	0	0	0	0	0
(8) WALLY J ELMER PHD	(i)	151,064	0	4,350	13,759	13,793	182,966	0
	(ii)	0	0	0	0	0	0	0
(9) CHONGYOUL KIM	(i)	60,526	0	88,740	5,676	708	155,650	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, LINE 1B		THE PRESIDENT OF THE COLLEGE IS PROVIDED A HOUSING ALLOWANCE THROUGH HIS EMPLOYMENT CONTRACT WHICH IS ADMINISTERED THROUGH PAYROLL AS CASH PAYMENT AND INCLUDED IN HIS FORM W-2 THE BOARD OF TRUSTEES OF THE COLLEGE APPROVED THE NATURE AND AMOUNT OF THIS HOUSING ALLOWANCE
Schedule J, Line 4a		Gregory J Stahl - severance payment of \$24,250

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number
15-0545841

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF NY STATE	14-6000293	6499037P0	01-22-2009	19,470,000	CAMPUS-WIDE RENOVATION/REFUNDING		X		X		X
B	ONONDAGA COVIC DEVELOPMENT CORP	80-0458240	682832AJ9	07-15-2010	25,069,329	CAMPUS-WIDE RENOVATION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds defeased	0		0					
3	Total proceeds of issue	19,470,000		25,069,329					
4	Gross proceeds in reserve funds	0		2,335,360					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	6,683,082		0					
7	Issuance costs from proceeds	566,040		418,344					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	9,920,273		8,647,966					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	2,300,605		13,667,659					
13	Year of substantial completion	2008		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?	X			X				
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	0 456 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 456 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
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?	X			X				
b Name of provider	TD BANK		0					
c Term of hedge	10							
d Was the hedge superintegrated?		X						
e Was a hedge terminated?		X						
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O	0	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LE MOYNE COLLEGE

Employer identification number 15-0545841

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Harris Beach PLLC	Flynn, Trustee is Partner	108,464	LEGAL SERVICES		No
(2) Harriet F PESTELLO	FAMILY MEMBER OF OFFICER	72,070	COMPENSATION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
HARRIS BEACH PLLC		LE MOYNE COLLEGE PAID HARRIS BEACH PLLC \$108,464 DURING THE YEAR FOR LEGAL SERVICES WILLIAM FLYNN IS A TRUSTEE OF LE MOYNE COLLEGE AND A MEMBER/PARTNER OF HARRIS BEACH PLLC HARRIS BEACH PLLC DOES NOT SHARE IN THE REVENUE OF LE MOYNE COLLEGE

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LE MOYNE COLLEGE

Employer identification number 15-0545841

Part I Types of Property

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

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

29

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

Part II

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

Identifier	Return Reference	Explanation
Schedule M, Part I		THE COLLEGE IS REPORTING IN PART I, COLUMN B THE NUMBER OF CONTRIBUTIONS MADE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LE MOYNE COLLEGE

Employer identification number

15-0545841

Identifier	Return Reference	Explanation
FORM 990 PART III, LINE 4A		LE MOYNE COLLEGE OFFERS UNDERGRADUATE AND GRADUATE, PROGRAMS TO APPROXIMATELY 3,075 FULL-TIME EQUIVALENTS IN NEARLY 43 AREAS OF STUDY IN ADDITION TO INSTRUCTION OFFERED IN INDIVIDUAL ACADEMIC DISCIPLINES, ALL UNDERGRADUATE STUDENTS ENGAGE IN A CORE CURRICULUM WHICH SEEKS TO PROVIDE A FOUNDATION IN THE LIBERAL ARTS AND SCIENCES AND REFINE STUDENTS' CRITICAL THINKING AND COMMUNICATION SKILLS WITHIN THE CORE CURRICULUM STUDENTS DEEPEN THEIR UNDERSTANDING OF THE DIVERSE WAYS IN WHICH WOMEN AND MEN THROUGHOUT HISTORY HAVE RESPONDED TO ENDURING QUESTIONS ABOUT MEANING AND ORDER IN THE PHYSICAL UNIVERSE, IN SOCIAL AND POLITICAL PROCESSES, AND IN HUMAN EXPERIENCE EACH YEAR, UPWARDS OF 1% OF LE MOYNE STUDENTS ALSO TAKE PART IN THE COLLEGE'S STUDY ABROAD PROGRAM TO ENHANCE THEIR EDUCATIONAL EXPERIENCE, IMMERSE THEMSELVES IN A NEW WAY OF LIFE AND DEVELOP NEW PERSPECTIVES ON THE PEOPLE AND CULTURES OF OTHER LANDS

Identifier	Return Reference	Explanation
FORM 990 PART III, LINE 4B		<p>THE COLLEGE OFFERS SEVERAL PROGRAMS THROUGH ITS PUBLIC SERVICE FUNCTION TO ASSIST SOCIALLY- AND ECONOMICALLY-DISADVANTAGED HIGH SCHOOL STUDENTS IN SUCCESSFULLY COMPLETING THEIR SECONDARY EDUCATION AND PROVIDING AN OPPORTUNITY TO ENTER SOME FORM OF POST-SECONDARY EDUCATION. THESE PROGRAMS PROVIDE ADVISEMENT AND TUTORING EXPERIENCES, AS WELL AS OUTSIDE ENRICHMENT ACTIVITIES. THE COLLEGE ALSO OPERATES AN ACADEMIC SUPPORT CENTER OFFERING TUTORING AND STUDY GROUPS TO ASSIST STUDENTS IN THEIR COURSEWORK, TO PROVIDE INDIVIDUAL CONSULTATIONS TO IMPROVE STUDENTS' LEARNING STRATEGIES AND STUDY SKILLS, TO PROVIDE SUPPORT AND COUNSELING FOR STUDENTS ON ACADEMIC PROBATION, AND TO ADMINISTER ACCOMMODATIONS FOR STUDENTS WITH LEARNING AND OTHER DISABILITIES. IN ADDITION TO THE ACADEMIC SUPPORT CENTER, THE NOREEN REALE FALCONE LIBRARY SUPPORTS THE EDUCATIONAL GOALS OF LE MOYNE COLLEGE THROUGH A PROCESS OF CONTINUOUS REVIEW AND IMPROVEMENT OF COLLECTIONS, INSTRUCTIONAL PROGRAMS, TECHNOLOGY, AND INFORMATION SERVICES. THE LIBRARY HOUSES OVER 220,000 BOOKS, 25,000 E-BOOKS, AND 50,000 PRINT AND ELECTRONIC PERIODICAL SUBSCRIPTIONS AMONG ITS VAST COLLECTIONS. IN ADDITION TO IN-HOUSE COLLECTIONS, ACCESS IS PROVIDED TO OVER 125 DATABASES OFFERING A VARIETY OF RESEARCH MATERIALS.</p>

Identifier	Return Reference	Explanation
FORM 990 PART III, LINE 4C		IN KEEPING WITH THE COLLEGE'S MISSION AND JESUIT TRADITION OF EDUCATING THE WHOLE PERSON, LE MOYNE OFFERS A VARIETY OF STUDENT SERVICES TO MEET STUDENT NEEDS OUTSIDE THE CLASSROOM. THESE SERVICES ENHANCE THE QUALITY OF STUDENT LIFE AND FOSTER STUDENT SOCIAL DEVELOPMENT. ACTIVITIES AND SERVICES REVOLVE AROUND KEY AREAS INCLUDING HOUSING AND FOOD SERVICE, PERSONAL COUNSELING, HEALTH SERVICES, SERVICE LEARNING, CAREER PLANNING AND PLACEMENT, AND INTERCOLLEGIATE ATHLETICS. IN PARTICULAR, CAMPUS MINISTRY OFFERS A VARIETY OF RETREAT AND ALTERNATIVE BREAK PROGRAMS TO STUDENTS LOOKING TO ENGAGE IN SPIRITUAL GROWTH AND ANSWER THE CALL TO BE LEADERS IN SERVING THE NEEDS OF OTHERS, AS WELL AS OPPORTUNITIES TO TAKE PART IN LITURGICAL MINISTRIES. THE OFFICE OF SERVICE LEARNING INTEGRATES COMMUNITY SERVICE OPPORTUNITIES WITH ACADEMIC COURSEWORK IN RECOGNITION OF THE SOCIAL JUSTICE COMPONENT OF A JESUIT EDUCATION. FINALLY, THE OFFICE OF CAREER SERVICES OFFERS SEMINARS AND WORKSHOPS ON A VARIETY OF TOPICS INCLUDING RESUME WRITING, INTERVIEWING, AND GRADUATE-SCHOOL PLANNING, ALONG WITH RECRUITING PROGRAMS FEATURING EMPLOYERS FROM A VARIETY OF INDUSTRIES.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A		<p>THE BOARD OF TRUSTEES HAS DELEGATED BROAD AUTHORITY TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS AT LEAST 10 MEMBERS, CONSISTING OF THE BOARD OFFICERS, PRESIDENT, THE CHAIRS OF THE STANDING COMMITTEES AND AT-LARGE MEMBERS, NOMINATED BY THE COMMITTEE ON BOARD DEVELOPMENT AND ELECTED BY THE BOARD OF TRUSTEES. MEMBERS OF THE EXECUTIVE COMMITTEE SERVE A ONE-YEAR TERM AND MAY BE RE-ELECTED FOR AN UNLIMITED NUMBER OF ADDITIONAL TERMS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT FOR THE BOARD OF TRUSTEES ON MATTERS WHICH CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, EXCEPT FOR THE FOLLOWING WHICH SHALL BE RESERVED FOR THE BOARD: PRESIDENTIAL SELECTION AND TERMINATION, TRUSTEE AND BOARD OFFICER ELECTION, STANDING COMMITTEE MEMBERSHIP AND CHAIR SELECTION, CHANGES IN INSTITUTIONAL MISSION AND PURPOSES, CHANGES TO THE CHARTER OR BY-LAWS, INCURRING OF CORPORATE INDEBTEDNESS, SALE OF COLLEGE ASSETS OR TANGIBLE PROPERTY, ADOPTION OF THE ANNUAL BUDGET AND CONFERRAL OF DEGREES. THE EXECUTIVE COMMITTEE REPORTS TO THE FULL BOARD AT EACH MEETING ON ALL ACTIONS TAKEN BY IT SINCE THE LAST BOARD MEETING. IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON MATTERS WHICH CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, THE EXECUTIVE COMMITTEE OVERSEES THE COLLEGE'S PLANNING PROCESS AND PROGRESS ON PLANNING GOALS, THE BOARD'S RESPONSIBILITY TO SUPPORT THE PRESIDENT AND ASSESS HIS OR HER PERFORMANCE, ANNUALLY REVIEW THE PRESIDENT'S COMPENSATION AND CONDITIONS OF EMPLOYMENT, AND WHEN REQUESTED BY THE BOARD, OVERSEE THE WORK OF BOARD COMMITTEES.</p>

Identifier	Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 11B		THE FORM 990 IS PREPARED INTERNALLY UNDER THE REVIEW OF THE VICE PRESIDENT OF FINANCE, ADMINISTRATION AND TREASURER. THE COMPLETED FORM IS DISTRIBUTED TO THE FINANCE COMMITTEE TO REVIEW WITH MANAGEMENT. THE OFFICER/EMPLOYEE COMPENSATION DISCLOSURES ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. AFTER THE FINANCE COMMITTEE REVIEWS THE FORM 990, THE COMPLETED FORM, AS ULTIMATELY FILED WITH THE IRS, IS DISTRIBUTED TO THE BOARD OF TRUSTEES PRIOR TO FILING THE FORM WITH THE IRS.

Identifier	Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 12C		PRIOR TO THE BEGINNING OF EACH ACADEMIC YEAR EACH VICE PRESIDENT RECEIVES A LIST OF ADMINISTRATIVE-LEVEL AND EXECUTIVE EMPLOYEES IN HIS OR HER DIVISION WHO RECEIVED A CONFLICT OF INTEREST FORM IN THE PRIOR YEAR THE VICE PRESIDENTS REVIEW THE LISTS FOR THEIR RESPECTIVE DIVISION FOR COMPLETENESS AND ACCURACY, MAKING ANY ADJUSTMENTS NECESSARY EACH IDENTIFIED EMPLOYEE RECEIVES A CONFLICT OF INTEREST FORM TO COMPLETE, AS WELL AS A COPY OF THE CONFLICT OF INTEREST POLICY THE EMPLOYEE LISTINGS AND COMPLETED FORMS ARE KEPT IN A CONFIDENTIAL FILE IN THE PRESIDENT'S OFFICE REGULAR FOLLOW-UP WITH EMPLOYEES OCCURS DURING THE YEAR TO ENSURE ALL CONFLICT OF INTEREST FORMS ARE RECEIVED IN ADDITION TO ADMINISTRATIVE-LEVEL AND EXECUTIVE EMPLOYEES, ALL BOARD OF TRUSTEES MEMBERS RECEIVE A CONFLICT OF INTEREST FORM TO COMPLETE AND A COPY OF THE POLICY REGULAR FOLLOW UP OCCURS DURING THE YEAR TO ENSURE ALL CONFLICT OF INTEREST FORMS ARE RECEIVED

Identifier	Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 15B		THE COMPENSATION PLANS OF THE PRESIDENT AND OTHER OFFICERS ARE ESTABLISHED WITH THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT TO OBTAIN AN OBJECTIVE THIRD PARTY ASSESSMENT OF THE TOTAL COMPENSATION PLANS TO ENSURE THE COMPONENTS AND TOTAL PLANS ARE REASONABLE, CUSTOMARY AND WITHIN MARKET THE INDEPENDENT CONSULTANT PROVIDES EXECUTIVE COMPENSATION ASSESSMENT AND MARKET COMPARISON SERVICES TO A NUMBER OF COLLEGES AND UNIVERSITIES AS SUCH, THEY HAVE INFORMATION NOT OTHERWISE AVAILABLE FROM PUBLIC SOURCES ABOUT EXECUTIVES' TOTAL COMPENSATION ARRANGEMENTS AT COMPARABLE INSTITUTIONS THE CONSULTANT PREPARES COMPARATIVE COMPENSATION DATA, INCLUDING OVERALL MARKET FACTORS DETERMINED TO IMPACT COMPENSATION THIS INFORMATION IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE COLLEGE'S BOARD OF TRUSTEES FOR REVIEW AND FINAL DETERMINATION THE COMPENSATION IS FORMALLY INCORPORATED INTO EACH INDIVIDUAL'S EMPLOYMENT CONTRACT or Salary Letter

Identifier	Return Reference	Explanation
FORM 990 PART VI, SECTION C, LINE 19		HARD COPIES OF THE COLLEGE'S FINANCIAL STATEMENTS AND FORM 990 ARE KEPT ON FILE FOR PUBLIC REVIEW IN ADDITION, THE COLLEGE'S FORM 990 IS AVAILABLE ON THE WEBSITE OF GUIDESTAR USA, INC AT WWW GUIDESTAR.ORG

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5		NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS (\$9,568,387) CHANGE IN VALUE OF FIN 47 LIABILITY (\$1,175,425) CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (\$695,177) CHANGE IN VALUE OF SFAS 158 POSTRETIREMENT CARE LIABILITY (\$1,389,523) CHANGE IN BAD DEBT (\$262,000) ROUNDING (\$2) TOTAL (\$13,090,514)

Identifier	Return Reference	Explanation
Schedule K, Part I, Column (f)		The Series 2009 Bonds are being used for the purpose of providing funds which, together with other available funds, will be used to (i) finance campus-wide renovations to various buildings and other related capital improvements, (ii) refund in full the outstanding principal amount of the Onondaga County Industrial Development Agency Civic Facility Revenue Bonds (LeMoyne College Project), Series 2001A issued on December 18, 2001 (the "2001" Bonds) and (iii) pay the Costs of Issuance of the Series 2009 Bonds. The Series 2010 Bonds will be used primarily to fund the expansion and renovation of the existing science facility.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LE MOYNE COLLEGE

Employer identification number
15-0545841

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER UNITRUST (1)	investments	NY	NA	TRUST			
(2) CHARITABLE REMAINDER TRUST (1)	investments	NY	NA	TRUST			

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

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

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

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

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

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

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

