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DLN: 93493129025053

# Form **990**

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

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

OMB No 1545-0047

Department of the Treasury

					Inspection	
A For	the 201	1 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer	identification number	
	k ıf applı	■ nampuen Sydney College				
_	ess chang	Doing Business As	-	54-0505 E Telephone		
	e change					
Initia	l return	Number and street (or P O box if mail is not delivered to street address) Room/suite	:	<b>G</b> Gross receil	ots \$ 65,181,248	
Term	ınated	College Road		<b>G</b> G1033 10001		
_ Amer	nded retu	rn City or town, state or country, and ZIP + 4 Hampden Sydney, VA 23943	_			
— Apple	cation pe	nding				
		F Name and address of principal officer	<b>H(a)</b> Is thi	s a group ret	urn for	
		Christopher B Howard College Road	affilia		┌Yes ┌ No	
		Hampden Sydney, VA 23943	H(h) Are all	l affiliates incl	uded?	
					st (see instructions)	
Tax-	exempt :	status		p exemption		
We	bsite: 🕨	http://www.hsc.edu				
	of organi	zation	Vear of for	mation 1919	<b>M</b> State of legal domicile VA	
Pari		Summary	L real of lot	mation 1919	Pr State of legal doffficile VA	
		efly describe the organization's mission or most significant activities				
		ICE 1775 THE MISSION OF HAMPDEN-SYDNEY COLLEGE HAS BEEN TO	FORM GOO	D MEN AND	GOOD CITIZENS IN AN	
e	<u>A T </u>	MOSPHERE OF SOUND LEARNING				
aovemance -						
<u> </u>						
Ž	<b>2</b> Che	ck this box দ if the organization discontinued its operations or disposed of	more than 2	5% of its net	assets	
	3 Nur	nber of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$ .		3	42	
B conunct	<b>4</b> Nur	nber of independent voting members of the governing body (Part VI, line 1b)		4	42	
	<b>5</b> Tot	al number of individuals employed in calendar year 2011 (Part V, line 2a) $oldsymbol{\cdot}$		5	896	
Į	<b>6</b> Tot	al number of volunteers (estimate if necessary)		6	928	
	<b>7a</b> Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	-33,143	
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7t	-98,584	
			Prio	r Year	Current Year	
.		ontributions and grants (Part VIII, line 1h)		10,954,969		
Ĕ		rogram service revenue (Part VIII, line 2g)		46,515,692	48,639,837	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		889,221		
_   .		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		316,407	434,043	
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		58,676,289	60,302,961	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		16,591,907	18,448,106	
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)	23,453,286		0	
.		alaries, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		-10)				
<u>₹</u>  :	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)			0	
죠		otal fundraising expenses (Part IX, column (D), line 25) •2,048,010				
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,582,518 21,523			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	60,627,711 64,732,			
	<b>19</b> R	evenue less expenses Subtract line 18 from line 12	Dii	-1,951,422	-4,429,581	
8 0   3 0				of Current ear	End of Year	
7 E	<b>20</b> T	otal assets (Part X, line 16)	2	46,942,768	245,903,914	
Fund Balances	21 T	otal liabilities (Part X, line 26)		33,507,729	35,703,818	
ŽĒ	<b>22</b> N	et assets or fund balances Subtract line 21 from line 20	2	13,435,039	210,200,096	
Part	III :	Signature Block	_			
		of perjury, I declare that I have examined this return, including accompanying sch				
nowie		belief, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on a	ali informatior	n of which preparer has any	
	1.					
		*****		13-05-09		
		Signature of officer	Da	ite		
_	<b>  r</b>					
_		W Glenn Culley Jr VP Business Aff				
_	<u> </u>	Type or print name and title		1		
Here		Type or print name and title  eparer's Date  Ch	eck ıf f-		(payer identification number	
Sign Here	si	Type or print name and title  eparer's Date Chesei nature		Preparer's tax (see instruction		
Paid Prepar	er's Fi	Type or print name and title  eparer's print name and title  Chese parer's name (or yours to be print name and title)	f	(see instruction		
Here Paid	er's Fi	Type or print name and title  eparer's print name and title  Chese parer's print name and title	f			

Par		nent of Program Service Schedule O contains a respon	Accomplishments se to any question in this Part	III	
1	Briefly describe	e the organization's mission			
			Y COLLEGE HAS BEEN TO FO	ORM GOOD MEN AND GOOD C	ITIZENS IN AN
<u> </u>	OSPHERE OF SO	OUND LEARNING			
2			program services during the y		⊤Yes ▼ No
	If "Yes," descri	be these new services on Sche	dule O		
3			e significant changes in how it		「Yes ✓ No
	If "Yes," descri	be these changes on Schedule	0		
4	expenses Sect	ion 501(c)(3) and 501(c)(4) o		three largest program services, (a)(1) trusts are required to repo each program service reported	
4a	(Code	) (Expenses \$	53,453,582 including grants of \$	18,448,106 ) (Revenue \$	48,639,837 )
	instill in its studer character and mo place in it to imp special interests a	nts a commitment to sound scholarship oral discernment rooted in the Judeo-C oart a comprehension of social institution and capacities for graduate and profes	o through studies in the natural science Christian trandition to develop clear thi ons as a basis for intelligent citizenship sional study and to equip graduates f	s in an atmosphere of sound learning TI ces the humanities and the social science nking and expression to promote an un o and responsible leadership in a democ or a rewarding and productive life Ham ege is one of the oldest institutions of hi	es to cultivate qualities of derstanding of the world and our racy to prepare those with pden-Sydney is a liberal arts
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program	n services (Describe in Schedi	ule O )		
-ru	(Expenses \$		ng grants of \$	) (Revenue \$	)
4e		service expenses▶\$	53,453,582		

Part TV	Checklist o	of Required	Schedules

	one or hedging a policular of			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 1,5	36		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	٦.		
2-	gaming (gambling) winnings to prize winners?	1c		
2a	Statements filed for the calendar year ending with or within the year covered by this			
_		96		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the		Ì	
L	year?	3a 3b	Yes Yes	
- Б 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	res	
-14	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶	_		
	See madactions for iming requirements for Form ביסר ב שו Forezz 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
0a	organization solicit any contributions that were not tax deductible?	Ua Ua	165	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	:s <b>6b</b>	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	05	163	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	. 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as   <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	$\dashv$		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	$\Box$		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organizational allocated to each state	on <b>13a</b>		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
•	the states in which the organization is licensed to issue qualified health plans  Enter the aggregate amount of reserves on hand	$\dashv$		
	13c	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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		. 🗸
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Se	ection A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax								
Ia	year								
b	b Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	16b								
Se	ection C. Disclosure	· · · · · · · · · · · · · · · · · · ·							
17	List the States with which a copy of this Form 990 is required to be filed▶								

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

Own website Another's website V Upon request

- 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 ► W Glenn Culley Jr

College Road

Hampden Sydney, VA 23943 (434) 223-6216

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Tıtle	A verage hours more than one box, compensation per unless person is both week (describe director/trustee)  A verage hours more than one box, compensation from the week organization (Worganizations (W-2/1099-MISC))  A verage hours position (do not check Reportable compensation from the organization (W-2/1099-MISC)								Reportable compensation from related organizations (W- 2/1099-	compensation from the		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC	organiza	
See A	dditional Data Table												
		1											
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>  ►					
С	Total from continuation sheets	to Part VII, Sec	tion A		•	•		<b>F</b>					
d	Total (add lines 1b and 1c) .						•	<b> -</b>		1,418,094	0		292,200
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above	) who	o receive	d more tha	n		
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc				ee, k	ey e	mploy •	ee, c	or highest	t compens		<b>3</b> Yes	
4	For any individual listed on line organization and related organiz	1a, is the sum of	f report	able							n from the	4 Yes	
5	Did any person listed on line 1a											1 163	
	services rendered to the organi	zation? <i>If</i> "Yes," (	complet	e Sch	edul	e J f	or suci	h per	son .			5	No
	ection B. Independent Cor												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	n the organizatio											
		(A) me and business add	dress							Desci	(B) ription of services	Compe	
P O B Richm	ant LLC ox 7024 lond, VA 23221									Printing Serv	ices		167,257
369 F	y Jones Redd Shop Road Ville, VA 23901									Contractor			138,081
Tile a 348 T	nd Wood Works LLC wenty-Two Road Ilin, VA 23958									Contractor			117,601
	Total number of independent con \$100,000 of compensation from		_	ot lır	nıted	d to	those	liste	d above)	who receiv	ved more than		

	Form 990 (2011) Page 9 Part VIII Statement of Revenue										
Part \	/!!!!	Statement o	f Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
nts nts	1a	Federated cam	paigns 1a								
Contributions, gifts, grants and other similar amounts	b	·	es 1b								
ts, aπ	C		ents <b>1c</b>								
<u> </u>	d		rations 1d	2,000,422							
Sign Sign	e	Government grants									
ž Ž	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	7,175,136							
훈	g	Noncash contriums 1a-1f \$ $\frac{1}{2}$	butions included in ,066,443								
S E	h	Total. Add lines	s 1a-1f	▶	10,074,569						
				Business Code							
nte	2a	Gross Tuition & Fee	es	611710	34,906,429	34,906,429					
eye Ye	ь	Auxiliary Enterprise	es	611710	13,733,408	13,733,408					
е. П	c										
ē.	d										
<u>အ</u>	e										
Program Service Revenue	f	All other progra	am service revenue								
Ř	g	Total. Add lines	s 2a – 2f		48,639,837						
	3	Investment inc	ome (including dividen	ds, interest							
			aramounts)		258,406		-73,725	332,131			
	4		tment of tax-exempt bond								
	5	Royalties	(·) P!								
	6a	Gross rents	(ı) Real 4,085	(II) Personal							
	b	Less rental									
	c	expenses Rental income	4,085								
	d	or (loss) Net rental inco	l me or (loss)		4,085		4,085				
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory	5,358,417	415,976							
	b	Less cost or other basis and sales expenses	4,600,932	277,355							
	С	Gain or (loss)	757,485	138,621							
	d	Net gain or (los	s)		896,106			896,106			
une	8a	Gross income f events (not inc	luding								
Other Revenue		of contributions See Part IV, lin	reported on line 1c) ie 18 a								
the	b		penses <b>b</b>								
J	9a		(loss) from fundraising ( rom gaming activities	events F							
		See Part IV, lin									
	b		penses <b>b</b> (loss) from gaming acti <sup>r</sup>	Lutios <b>E</b>							
	10a	Gross sales of returns and allo	inventory, less	vicies							
	ь		a oods sold b	antony <b>b</b>							
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code							
	11a	occilaneou:		242111033 0046							
	b										
	С										
	d	All other reven	ue		429,958		36,497	393,461			
	е	Total. Add lines	s 11a-11d		429,958						
	12	Total revenue.	See Instructions .	▶	60,302,961	48,639,837	-33,143	1,621,698			

3

5

7

### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 18,448,106 18,448,106 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 711,268 711,268 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 125,000 125,000 Other salaries and wages 18,450,760 14,279,854 2,973,753 1,197,153 Pension plan contributions (include section 401(k) and section 1,236,360 240,367 403(b) employer contributions) . . . . 914,225 81,768 Other employee benefits . . . . . . 2,870,206 2,122,371 558,011 189,824 1,367,686 1,011,334 265,899 90,453 10 Fees for services (non-employees) 11 Management . . . . . 133,446 4,969 128,477 Legal . . . . . . . . . Accounting . . . . . . . 112,562 112,562 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Advertising and promotion . . . 12 Office expenses . . . . 2,647,428 1,763,752 746,483 137,193 13 14 Information technology . . . . . 15 Royalties . . 16 990,955 17 715,207 184,954 90,794 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 710.735 710,735 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 3,989,325 3,989,325 23 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) 4,070,136 2,691,181 1,219,453 159,502 General Consultants 3,319,930 3,126,541 193,389 Contract Services 2,458,585 1,527,403 829,859 101,323 Utilities 1,835,443 893,968 941,475 d е All other expenses 1,254,611 1,254,611 25 Total functional expenses. Add lines 1 through 24f 64,732,542 53,453,582 9,230,950 2,048,010 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			740,625	1	1,066,832
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		5,160,138	3	4,373,806	
	4	Accounts receivable, net		754,464	4	1,494,757	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II	4958(f)(1)) and				
76		Schedule L				6	
Assets	7	Notes and loans receivable, net			5,806,488	7	6,106,570
88	8	Inventories for sale or use			1,004,861	8	1,109,440
⋖	9	Prepaid expenses and deferred charges			697,022	9	972,033
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	ııldıngs, and equipment cost or other basıs <i>Complete</i> 157,726,13				
	b	Less accumulated depreciation	10b	66,075,227	91,973,754	<b>10</b> c	91,650,908
	11	Investments—publicly traded securities			4,640,788	11	4,176,777
	12	Investments—other securities See Part IV, line 11	136,164,628	12	134,952,791		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			246,942,768	16	245,903,914
	17	Accounts payable and accrued expenses .			7,446,285	17	7,942,143
	18	Grants payable	1,333,922	18	1,336,512		
	19	Deferred revenue		326,751	19	324,855	
	20	Tax-exempt bond liabilities			21,941,873	20	20,543,573
	21	Escrow or custodial account liability Complete Part IV of Schedu			21	· · · ·	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
졅		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	s .		1,458,898	23	806,735
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	ed thi	d parties,			
		D			1,000,000		4,750,000
	26	Total liabilities. Add lines 17 through 25			33,507,729	26	35,703,818
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plete l	ines 27			
an I	27	Unrestricted net assets			65,607,851	27	69,960,825
<u>е</u>	28	Temporarily restricted net assets	73,431,385	28	65,461,434		
돧	29	Permanently restricted net assets		74,395,803	29	74,777,837	
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nd con	nplete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ş	32	Retained earnings, endowment, accumulated income, or other fi			32	_	
Net /	33	Total net assets or fund balances		213,435,039		210,200,096	
ž	34	Total liabilities and net assets/fund balances			246,942,768		245,903,914
					2-10,0-12,700	J-T	1 210,000,014

Pai	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		60.3	302,96
2	Total expenses (must equal Part IX, column (A), line 25)	2		732,54	
3	Revenue less expenses Subtract line 2 from line 1	3	-4,429,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		213,4	135,03
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,1	194,63
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		210,2	200,09
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis 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 th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

### OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Hampden Sydney College

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

									54-0505				
	rt I			blic Charity Sta				•		ınstructio	ons		
he (	organiz	zation is	not a priva	te foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one	box )				
1	Г	A churc	ch, convent	ion of churches, or as	ssociation o	fchurches	section 170(	b)(1)(A)(i)					
2	굣	A scho	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	Γ	A hosp	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4	Γ			h organızatıon operat ıty, and state	ted in conjur	nction with	a hospital des	scribed in <b>s</b> a	ection 170(b)	(1)(A)(iii	<b>i).</b> Enter t	the	
5	Γ	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	Г			local government or	•	tal unit des	cribed in <b>sect</b>	ion 170(b)	(1)(A)(v).				
7	Γ	An orga describ	anization the	at normally receives (A)(vi) (Complete P	a substantı					from the o	general p	ublic	
8	Г					( <b>A)(vi)</b> (Co	mplete Part I	Ι)					
An organization that normally receives (1) more than 33/3% of its support from contributions, membership feed receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 its support from gross investment income and unrelated business taxable income (less section 511 tax) from be acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section to be box that describes the type of supporting organization and complete lines 11e through 11h  a						331/3% on busines put the puon 509(a)  Type III - qualified puon 509 orting org	f ses (3). Oth perso (a)(1	ses of Check ner ons L) or					
h				lled entity of a perso ng information about						L	<u> </u>		
(i) Name suppor organiza		of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) o	otify the tion in f your	(vi Is th organiza col (i) org	he tion in ganized		(v \mou supp	unt of
				instructions))	Yes	No	Yes	No	Yes	No			
										<u> </u>			
ot a											i		

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	<b>Public Support.</b> Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493129025053

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Name of the organization **Employer identification number** Hampden Sydney College 1 - 4 0 - 0 - 0 0 6

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			or Accounts. Complete if the
			(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
1	Total	number at end of year			
2	Aggre	gate contributions to (during year)			
3	Aggre	gate grants from (during year)			
4	Aggre	gate value at end of year			
5		ne organization inform all donors and donor advis are the organization's property, subject to the o		or advi	sed <b>Yes No</b>
6	used	ne organization inform all grantees, donors, and only for charitable purposes and not for the bendering impermissible private benefit			
Pai	t II	Conservation Easements. Complete	if the organization answered "Yes" to	o Form	n 990, Part IV, line 7.
2	☐ P☐ P☐ P☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a-2d if the organization held a qualion ment on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	ertified	cally importantly land area d historic structure inservation
	easei	ment on the last day of the tax year	Γ		Held at the End of the Year
а	Total	number of conservation easements		2a	Held at the Liid of the Fear
b		acreage restricted by conservation easements		2b	
c		er of conservation easements on a certified his	toric structure included in (a)	2c	
d		er of conservation easements included in (c) ac	` '	2d	
		• •	· · · · · · L		
3		er of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization during
4		er of states where property subject to conserva	tion easement is located ►		
5		the organization have a written policy regarding cement of the conservation easements it holds?		dling of	violations, and <b>Yes No</b>
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dı	uring the year 🗠
7	A mou	int of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during	g the year
	<b>►</b> \$_				
8		each conservation easement reported on line 2 n)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	balan	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easem	he footnote to the organization's financial		
Par	t III	<b>Organizations Maintaining Collectio</b> Complete if the organization answered "		or Oth	ner Similar Assets.
1a	art, h	organization elected, as permitted under SFAS storical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in fui	
b	histor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	public exhibition, education, or research in		
	(i) <sub>Re</sub>	evenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) <sub>A</sub>	ssets included in Form 990, Part X			<b>▶</b> \$
2		organization received or held works of art, historing amounts required to be reported under SFAS		r financ	cial gain, provide the
а	Rever	nues included in Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	al Trea	asures, or (	<u>Othe</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	wing tha	it are a signific	ant u	se of its col	lection	ı	
а	Public exhibition		d	Γ	Loan or	exchange prog	grams				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further t	he organizatio	n's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	_	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntributio	ons or other as	sets	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	ble				Amou	nt	
С	Beginning balance						1c		Aiilou		
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	-	000 D V J								····	
2a	Did the organization include an amount on Fo		21/						ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				J 11V 11	to Farms 000	N D= -	-t T) /   1			
Pal	t V Endowment Funds. Complete	(a)Current Year		were b)Prior		(c)Two Years Ba				<b>\</b> Four Y	ears Back
1a	Beginning of year balance	129,378,730			,596,194	(C) We rears be	ien (u	7111100 Todio E	ack (C	<b>,</b> , ou	Daris Back
 b	Contributions	1,042,881		2	,651,842		$\dashv$				
c	Investment earnings or losses	2,371,855		20	,162,259						
d	Grants or scholarships				,		+				
e	Other expenditures for facilities and programs	7,071,721		5	,991,565						
f	Administrative expenses				40,000						
q	End of year balance	125,721,745		129	,378,730						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment	1 000 %									
ь	Permanent endowment ► 57 000 %										
c	Term endowment ► 42 000 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	nd administer	ed for	the			
	organization by							_		Yes	No
	(i) unrelated organizations			•				[	3a(i)		Νo
	(ii) related organizations							[	3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						[	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	line 10.						
	Description of property				Cost or oth (investme			(c) Accumul depreciation		( <b>d</b> ) Bo	ok value
<b>1</b> a l	and					2,98	80,700				2,980,700
b E	Buildings					120,6	13,223	37,49	8,864	8:	3,114,359
<b>c</b> l	easehold improvements					10,64	47,070	8,118	3,257		2,528,813
d E	Equipment					23,48	35,142	20,45	8,106		3,027,036
<b>e</b> (	Other										
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	), line	10(c).) .					9	1,650,908
								Schedu	le D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See	: Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other (A) Certificate of Deposit	50,000	F
(B) Real Estate	4,500,000	F
(C) Alternative Investments	121,474,290	F
(D) O ther	2,288,415	F
(E) Beneficial Int in Trust	6,640,086	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>▶</b> 134,952,791	
Part VIII Investments—Program Related. Se		.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a) Descr	ıptıon	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Line of Credit	4,750,000	
	<u> </u>	
<del></del>	ļ	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4,750,000	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	
Par	t 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 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
Endowment funds intended uses Part V line 4		Hampden-Sydneys endowment funds are used to provide financial aid to students with a demonstrated financial need as well as academic achievement The funds also support chairs professorships and other programs that support the college as a whole The College also benefits from financial support that the funds contribute to the annual operating budget
02 Footnote for uncertain tax position under FIN 48 Part X		Management evaluated the Colleges tax positions and has concluded that the College has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance

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As Filed Data -

DLN: 93493129025053

OMB No 1545-0047

2011

2011

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

**Schools** 

Inspection

Name of the organization Hampden Sydney College Employer identification number

	54-0505906			
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
1	Does the organization maintain the following?	1.		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	<u> </u>	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

### Part II Supplemental Information

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

Identifier	Return Reference	Explanation
01 Description of nondiscriminatory policy Question 3		Advertise in major Virginia newspapers
01 Governmental Agency Financial Aid Questions 6a and 6b		Schedule E Question 6a Explanation of financial aid or assistance from a governmental agency Students at Hampden-Sydney College received federal financial aid totaling 8230992 for the 2011-2012 year This included Pell Grants Perkins Loans subsidized and unsubsidized SSL parent loans and others Students at Hampden-Sydney College received state financial aid totaling 1916826 for the 2011-2012 year Most of this aid was from TAGP

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493129025053

OMB No 1545-0047

### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

**Employer identification number** 

Ham	pden Sydney College				54-0505906	
Pa	rt I General Information "Yes" to Form 990, Page 1990,			ne United States. C		ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible grants or assistance?	organization n gibility for the	naıntaın record grants or assıs	tance, and the selecti	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part V	√ıfaddıtıonal s	pace is needed )	1		
	(a) Region	<b>(b)</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
	Central America and the Caribb			Unrelated trade or b		10,134,000
	Sub-total  Total from continuation sheets					10,134,000
	to Part I  Totals (add lines 3a and 3b)					10,134,000

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
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)	Γ	Yes	굣	Νo
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)	<u> </u>	Yes	Γ	Νo
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)	Г	Yes	<u>\</u>	Νo
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)	Г	Yes	V	Νo
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).	Г	Yes	ি	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

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

Identifier	Return Reference	Explanation
		Forms 926 are filed for transactions that were reported by US partnerships held by Hampden-Sydney College The College has not made transfers directly to foreign corporations All Form 5471 filing requirements will be satisfied by the following Form 1065 filer The Richmond Fund LP 6806 Paragon Place Suite 290 Richmond VA 23230 Ein 26-1501561 The Form 1065 will be filed at the IRS Service Center in Ogden UT 84201-0011

Schedule F (Form 990) 2010

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Schedule I

(Form 990)

Department of the Treasury

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493129025053

Internal Revenue Service			F Attach to Folin 990				Inspection
Name of the organization Hampden Sydney College						Employer identification	on number
						54-0505906	
Part I General Informati	on on Grants and	l Assistance					
<ol> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organical describes the control of the c</li></ol>	award the grants or as	sıstance <sup>?</sup>					F Yes □
	·	<u> </u>	rganizations in the		nplete if the orgai		es" to
Form 990, Part IV, lı	ine 21 for any recip	ient that received n	nore than \$5,000. Ch needed	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
		<u> </u>	1				
2 Enter total number of section !			ted in the line 1 table.			· · · · • •	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Grants and Scholarships	1032	15,652,600			

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
Monitoring procedures (Part I, line 2)		Form 990, Sch I,Line 2 Students who wish to be considered for financial aid complete an application - the PROFILE from the college scholarship service to apply for college grants and scholarships. Financial aid awards are reviewed at the end of each semester and may be withdrawn if a receipient's citizenship or academic work does not meet the standards of the college College-sponsored grants and scholarships are limited to 8 semesters and require full-time enrollment. Financial aid receipients must maintain minimum satisfactory academic progress. Hampden-Sydney offers several scholarships, awarded without regard to financial need, which recognize outstanding academic and extracurricular achievement. All applicants for admission are automatically considered for academic scholarships.

DLN: 93493129025053

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
Hampden Sydney College	
	54-0505906

	Questions Regarding Compensation				
			Yes	Νo	
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				
	First-class or charter travel  Housing allowance or residence for personal use  Travel for companions  Payments for business use of personal residence				
	Travel for companions  Payments for business use of personal residence  Tax idemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
	precionary spending account precional services (e.g., maid, chauneur, cher)				
ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes		
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?				
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  Compensation committee  Written employment contract				
	✓ Independent compensation consultant ✓ Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
	p Approvar by the board of compensation committee				
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				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(s)(2) and 501(s)(4) arganizations only must complete lines 5.0				
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
,	compensation contingent on the revenues of				
а	The organization?	5a		No	
ь	Any related organization?	5b		No	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of				
а	The organization?	6a		No	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed				
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe				
	in Part III	8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	ٿ		110	
3	section 53 4958-6(c)?	9			

### 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					(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Christopher B Howard	(I) (II)	261,414 0	0	0 (	0 63,116 0 0	32,040	356,570 0 0	
(2) C Norman Krueger	(I) (II)	167,933 0	0	0 (	0 15,473 0 0	3,846	187,252 0 0	
(3) Paul S Baker	(I) (II)	73,885 0	0	0 (	0 4,520 0 0	14,430	92,835	
(4) Anita H Garland	(I) (II)	138,348 0	0 0	0 (	0 12,540 0 0	2,884	153,772 0 0	
(5) Charles Beeler Brush	(I) (II)	135,422 0	0	0	0 12,761 0 0	21,064	169,247	
(6) Robert T Herdegen	(I) (II)	116,777 0	0	0	0 11,271 0 0	. 51,247 ) 0	7 179,295 0 0	
(7) Walter M Bortz	(I) (II)	125,000	0	0	0 0	`	125,000	
	'	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>'</u>	<del> </del>
							!	
	'	<u> </u>	<u> </u>					
	'	<u> </u>	<del>                                     </del>	<del></del>	<u> </u> '	<del> </del>	<u> </u>	1
		<del> </del>	<del> </del> '	<del> </del>	<u> </u>	<del> </del>		<del> </del>
		<del> </del>	<del>                                     </del>	<del> </del>	'	<del> </del>	<u> </u>	+

### 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
01 Listed		Christopher Howard - a contribution of 41751 was recorded for a 457f plan
persons		
compensation		
ınformatıon Part		
I line 4		

Schedule J (Form 990) 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

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

OMB No 1545-0047

2011

DLN: 93493129025053

Open to Public Inspection

Name of the organization Hampden Sydney College

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505906 Part I Bond Issues (h) On (i) Pool (g) Defeased Behalf of (c) CUSIP # financing (b) Issuer EIN (d) Date Issued (e) Issue Price (f) Description of Purpose (a) Issuer Name Issuer Yes No Yes No Yes No IDA of Town of Farmville VA Constructing and renovating 54-6001272 311617aa2 03-06-2003 6,000,000 Χ Х Х buildings IDA of Town of Farmville VA Renovating & equipping 54-6001272 07-15-2004 1,210,000 Χ Χ Х Graham Hall IDA of Prince Edward County Construction Equipping of a 54-1245781 11-10-2005 10,000,000 Χ Χ Χ library facility VCBA Revenue Bonds Ser 2010 54-1249154 927781UB8 05-13-2010 7,190,000 Refunding bonds Х Х Χ Part II **Proceeds** Α В С D Amount of bonds retired Amount of bonds defeased 2 Total proceeds of issue 3 6,000,000 1,210,000 10,000,000 7,380,060 Gross proceeds in reserve funds 4 Capitalized interest from proceeds 5 6 Proceeds in refunding escrow 7,238,095 7 Issuance costs from proceeds 141,965 112,500 24,000 35.000 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 5,887,500 1,186,000 9,965,000 Other spent proceeds 11 Other unspent proceeds 12 13 Year of substantial completion 2005 2006 2006 2010 Yes Yes Yes Yes No No No No Were the bonds issued as part of a current refunding issue? Χ Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Χ Χ Χ Has the final allocation of proceeds been made? Χ Х Χ Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ Χ Χ Χ allocation of proceeds? Part III **Private Business Use** В

property financed by tax-exempt bonds?

financed property?

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

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

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Χ

No

Χ

Х

Pai	t III Private Business Use (Continued)								
			A		В		С	ſ	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		х		х		Х
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?								
с	Are there any research agreements that may result in private business use of bond-financed property?		×		х		х		х
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?		х		х		х		х
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•		•		
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								
D-	va TV Aubitua da								•

### Part IV Arbitrage

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

### Part V Procedures To Undertake Corrective Action

### Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129025053

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization

**Employer identification number** Hampden Sydney College 54-0505906

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Pa	Types of Property	,						
1 Art—Works of art			Check If	Number of Contributions	Contribution amounts reported on Form 990, Part VIII, line	Method of de	etermır		
2 Art—Historical treasures 3 3 Art—Fractional interests 4 4 Books and publications 5 5 Clothing and household goods 6 6 Cars and other vehicles 7 8 Boats and planes 7 8 Intellectual property 7 9 Securities—Publicly traded 1 10 Securities—Closely helid stock 1 11 Securities—Closely helid stock 1 12 Securities—Publicly traded 1 13 Qualified conservation contribution—Interests 7 13 Qualified conservation contribution—Other 1 15 Real estate—Miscellaneous 1 15 Real estate—Commercial 1 16 Real estate—Commercial 1 17 Real estate—Commercial 1 18 Collectibles 7 19 Food inventory 1 20 Drugs and medical supplies 7 21 Taxidermy 9 22 Historical artifacts 9 23 Scientific specimens 1 24 Archeological artifacts 9 25 Other F (	1	Art—Works of art			19				
3 Art—Frectional interests 4 4 Books and publications 5 Clothing and household goods 6 Gars and other vehicles 7 Boats and plenes 9 Securities—Publicly traded 1 Securities—Securi									
4 Books and publications 5 Clothing and household goods									
5 Clothing and household goods									
6 Cars and other vehicles 7 Boats and planes		Clothing and household							
8 Intellectual property . X 103 1,066,443 FMV  10 Securities—Polibicity traded . X 103 1,066,443 FMV  11 Securities—Partnership, LLC, or trust interests	6	- <del>-</del>							
8 Intellectual property . X 103 1,066,443 FMV  10 Securities—Polibicity traded . X 103 1,066,443 FMV  11 Securities—Partnership, LLC, or trust interests	7	Boats and planes							
9 Securities—Publicity traded. X 103 1,066,443 FMV  10 Securities—Partnership, LLC, or trust interests									
10 Securities—Closely held stock 11 Securities—Pathership, LLC, of trust interests of trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other contribution—Other 15 Real estate—Residentia 16 Real estate—Commercial 17 Real estate—Other 18 Collectibles 19 Food inventory 19 Tood inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 33 Scientific specimens 24 Archeological artifacts 25 Other ► (			Х	103	1,066,443	FMV			
or trust interests					·				
12 Securities—Miscellaneous		•							
13 Qualified conservation contribution—Historic structures		or trust interests							
contribution—Historic structures	12	Securities—Miscellaneous							
contribution—Other	13	contribution—Historic							
16 Real estate—Commercial	14								
17 Real estate—Other	15	Real estate—Residential .							
18 Collectibles	16	Real estate—Commercial							
19 Food inventory									
20 Drugs and medical supplies . 21 Taxidermy									
Taxidermy	19	Food inventory							
Historical artifacts	20	Drugs and medical supplies .							
23 Scientific specimens	21	Taxidermy							
24 Archeological artifacts	22	Historical artifacts							
25 Other ► ( ) 26 Other ► ( ) 27 Other ► ( ) 28 Other ► ( ) 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 Yes N  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	23	Scientific specimens							
26 Other \( \) Oth	24	Archeological artifacts							
27 Other ► (									
Other ► ( ) 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	26	O ther ►()							
Number of Forms 8 28 3 received by the organization during the tax year for contributions for which the organization completed Form 8 28 3, Part IV, Donee Acknowledgement	27	O ther ►()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	28	· '							
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29					29	-	1	
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it		Yes	No
for exempt purposes for the entire holding period?									
b If "Yes," describe the arrangement in Part II  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?  31 Yes  32a N  b If "Yes," describe in Part II  33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,							302		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	b						Jou		
contributions?	31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	32a		e thırd partı	es or related organizations	to solicit, process, or sell r	non-cash	32a		No
	b	If "Yes," describe in Part II							
	33		revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129025053

OMB No 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization	
Hampden Sydney College	

**Employer identification number** 

54-0505906

ldentifier	Return Reference	Explanation
01 Form 990 governing body review (Part VI, line 11)		Form 990 Part VI Line 11 Form 990 is reviewed first by the controller then by the VP for Business Affairs and Finance and then by the Board of Trustees through a secure website before it is filed with the IRS
02 Conflict of interest policy compliance (Part VI, line 12c)		Form 990 Part VI Section B Line 12c Each member of the board of trustees is expected to report promptly to the president of the college or to the chairman of the board of trustees the existence of any relationship or interest as it arises which actually or potentially involves or may appear to involve a conflict of interest in addition each trustee will be asked to sign a statement annually reflecting his or her continuing awareness and understanding of this policy. At the same time the individual will report either the absence of potential conflicts or the possible areas of concern
03 CEO, executive director, top management comp (Part VI, line 15a)		Form 990 Part VI Section B Line 15a Outside compensation consultants are hired to provide an opinion on the reasonableness of the total compensation paid to the president of Hampden-Sydney College the study included review of the entire compensation arrangement including cash and non-cash components taxable and nontaxable benefits The study included a survey of peer colleges and published survey information for tax-exempt and for-profit sectors in addition to the compensation study the compensation for key employees is also reviewed by the board annually
04 Other officer or key employee compensation (Part VI, line 15b		See explanation for Part VI Line 15a
05 Governing documents, etc, available to public (Part VI, line 19)		FORM 990 PART VI SECTION B LINE 19 Hampden-Sydney Colleges governing documents conflict of interest policy financial statements etcare made available to the public upon request to the Vice President for business affairs and finance
06 Explanation of other changes in net assets or fund balances (Part XI, line 5)		Line 5 - Net unrealized gains losses on investments

SCHEDULE R Polated Or

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

DLN: 93493129025053

Schedule R (Form 990) 2011

Related Organizations and Unrelated Partnerships

2011

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Cat No 50135Y

► Attach to Form 990.

Name of the organization **Employer identification number** Hampden Sydney College 54-0505906 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (d) (a)
Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Total income Direct controlling Primary activity or foreign country) entity (1) H-SC Poplar Hill LLC P O Box 127 Hampden-Sydney College 4,500,000 Real Estate VA Hampden Sydney, VA 23943 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.) (c) (d) (e) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	<u> </u>	, ,	, ,	Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nizations listed in Part	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		
b	Gift, grant, or capital contribution to related organization(s)			1b		
C	Gift, grant, or capital contribution from related organization(s)			1c		
d	Loans or loan guarantees to or for related organization(s)			1d		
е	Loans or loan guarantees by related organization(s)			1e		
f	Sale of assets to related organization(s)			1f		
g	Purchase of assets from related organization(s)			<b>1</b> g		
h	Exchange of assets with related organization(s)			1h		
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		
j	Lease of facilities, equipment, or other assets from related organization(s)			<b>1</b> j		
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		
n	Sharing of paid employees with related organization(s)			1n		
0	Reimbursement paid to related organization(s) for expenses			10		
р	Reimbursement paid by related organization(s) for expenses			<b>1</b> p		
q	O ther transfer of cash or property to related organization(s)			<b>1</b> q		
r	Other transfer of cash or property from related organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	ionships and transact	ion thresholds		
	(a)	<b>(b)</b> Transaction	(c)	(d) Method of determi	ning amo	ount
	Name of other organization	type(a-r)	Amount involved	involve		
1) 2)						
-,						
3)						
4)						
- \						
5)			1			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### 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

Software ID: Software Version:

**EIN:** 54-0505906

Name: Hampden Sydney College

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

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)													
<b>(A)</b> Name and Title	(B) Average hours per		tion (	(che	/)		1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
A nddrew W Freitas Trustee	3 00	х						0	0	0			
Anne Marie Whittemore Trustee	3 00	Х						0	0	0			
Bartow Morgan Jr Trustee	3 00	Х						0	0	0			
Charles L Cabell Trustee	3 00	Х						0	0	0			
Charles L Capito Jr Trustee	3 00	Х						0	0	0			
Charles V McPhillips Trustee	3 00	×						О	0	0			
Charles W Payne Jr Trustee	3 00	Х						0	0	0			
David J McKittrick Trustee	3 00	x						0	0	0			
Donnan Chancellor Wintermute Trustee	3 00	Х						0	0	0			
Everett A Hellmuth III Trustee	3 00	x						0	0	0			
Frank W Roach Trustee	3 00	Х						0	0	0			
Frederick C Larmore Trustee	3 00	х						0	0	0			
G Michael Pace Jr Trustee	3 00	Х						0	0	0			
Gordon D Schreck Trustee	3 00	Х						0	0	0			
H Hiter Harris III Trustee	3 00	Х						О	0	0			
J Robert Bray Trustee	3 00	Х						0	0	0			
James F Lipscomb Trustee	3 00	Х						0	0	0			
John B Adams Jr Trustee	3 00	Х						0	0	0			
John B Schug Trustee	3 00	х						0	0	0			
John C Ellis Jr Trustee	3 00	Х						0	0	0			
John E Mansfield Jr Trustee	3 00	Х						0	0	0			
John Hillen Trustee	3 00	Х						0	0	0			
John L Gıbson III Trustee	3 00	Х						0	0	0			
John W Drescher Trustee	3 00	Х						0	0	0			
John W Kırk III Trustee	3 00	Х						0	0	0			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		(ition i that a			II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jon A Pace Trustee	3 00	×						0	0	0
Joseph F Vıar Jr Trustee	3 00	Х						0	0	0
Keith W Lewis Trustee	3 00	×						0	0	0
Kevın L Turner Trustee	3 00	Х						0	0	0
M Peebles Harrison Trustee	3 0 0	Х						0	0	0
Michael H Blackwell Trustee	3 00	х						0	0	0
Myron L Rolle Trustee	3 00	Х						0	0	0
Orran J Brown Trustee	3 00	Х						0	0	0
Robert D Taylor Trustee	3 0 0	Х						0	0	0
Scott M Harwood Trustee	3 00	Х						0	0	0
Thaddeus R Shelly III Trustee	3 00	Х						0	0	0
Thomas N Allen Trustee-Chairman	10 00	Х						0	0	0
W Bırch Douglass III Trustee	3 00	Х						0	0	0
W Sheppard Miller III Trustee	3 00	Х						0	0	0
William Gayle Crutchfield Jr Trustee	3 00	Х						0	0	0
William L Pannill Trustee	3 00	Х						0	0	0
William T Saunders Jr Trustee	3 0 0	Х						0	0	0
C Norman Krueger VP Bus AffairsTreas	50 00			х				167,933	0	19,319
Christopher B Howard President	50 00			Х				261,414	0	95,156
Vernon Dale Jones VP AdminSec	50 00			х				50,000	0	4,520
W Glenn Culley Jr VP for Bus AffTreas	50 00			х				113,947	0	13,554
Anita H Garland Dean of Admissions	50 00					Х		138,348	0	15,424
Charles Beeler Brush Senior Major Gifts	50 00					Х		135,422	0	33,825
Kenneth Neal Townsend Professor	50 00					Х		119,642	0	18,670
Robert T Herdegen Dean of the Faculty	50 00					×		116,777	0	62,518

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

(A) Name and Title	( <b>B</b> ) A verage hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William W Porterfield Professor	50 00					х		115,726	0	10,264
Paul S Baker Former Secretary							X	73,885	0	18,950
Walter M Bortz Former President							х	125,000	0	C