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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public

A F-	- 44- 1	2011		- 07 01 2011 and anding 06	20 2012				
			llendar year, or tax year beginnin C Name of organization	g 07-01-2011 and ending 06	-30-2012		D Employ	er ide	entification number
_	eck if ap dress ch	pplicable	LYNCHBURG COLLEGE				54-05	0502) 2
_		_	Doing Business As			_	E Telepho		
_	me chai	-					(434)	511-	8428
Init	ial retui	m	Number and street (or P O box if ma	ail is not delivered to street address)	Room/suit	ie			\$ 133,893,963
Tei	mınated	d	1501 Lakeside Drive				0 01033 10	сстрез	Ψ 133,033,303 —————————————————————————————
_ Am	ended i	return	City or town, state or country, and Z	IP + 4		_			
— _{Apı}	olication	n pending	Lynchburg, VA 24501						
			F Name and address of princ	cipal officer		H(a) Is thi			fa
			Stephen E Bright			affilia		recuii	⊤Yes ▼ No
			1501 Lakeside Drive Lynchburg, VA 24503						<u> </u>
			Lynchburg, VA 24303			H(b) Are al			
r Ta	x-exem	npt status	▼ 501(c)(3)	nsert no.)	27	_			(see instructions)
		<u>. </u>	w lynchburg edu	132.16.110 / 1 / 1317(4)(1) 01 / 3	-	H(c) Grou	ıp exemptı	on nu	imber 🕶
			Corporation Trust Association	Other ►	<u> </u>	L Year of fo	rmation 190)3 N	¶ State of legal domicile VA
	rt I		mary	.,					
			escribe the organization's mission	n or most significant activities					
Activities & Governance	2 (3 f 4 f 5 7 6 7	resident and the c Check th Number Number Total nu Total nu	nal experiences that are grounder ial community. The College serve expertise of faculty, staff, and students box. If the organization disconsistent of independent voting members of independent voting members of individuals employed in comber of volunteers (estimate if new last organization).	f more than 2	5% of its	net a 3 4 5	ssets 37 33 1,903		
	7a ⊺	Total un	related business revenue from Pa		7a	147,866			
	Ь	Net unre	lated business taxable income fr	om Form 990-T, line 34 .	•			7b	0
	_								
						Prio	r Year		Current Year
	8	Contri	butions and grants (Part VIII, lin	ne 1 h)		Prio	r Year 4,314,4	59	Current Year 4,543,067
nue	8		butions and grants (Part VIII, lin im service revenue (Part VIII, lin			Prio		- +	
enuese		Progra		ne 2g)		Prio	4,314,4	77	4,543,067
Revenue	9	Progra Invest Other	ım service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l	ne 2g)	 1e)		4,314,4 78,836,3	23	4,543,067 83,025,043
Revenue	9 10	Progra Invest Other Total I	im service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11	ne 2g)	 1e) (A), line		4,314,4 78,836,3 4,028,0 122,8	77 23 26	4,543,067 83,025,043 1,375,031 145,994
Revenue	9 10 11 12	Progra Invest Other Total I 12) .	im service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11	ne 2g)	 1e) (A), line		4,314,4 78,836,3 4,028,0 122,8 87,301,6	77 23 26	4,543,067 83,025,043 1,375,031 145,994 89,089,135
Revenue	9 10 11 12	Progra Invest Other Total (12) . Grants	im service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 	ne 2g)	 1e) (A), line 		4,314,4 78,836,3 4,028,0 122,8	77 23 26 85 21	4,543,067 83,025,043 1,375,031 145,994
Revenue	9 10 11 12 13 14	Progra Invest Other Total (12) . Grants Benefi	im service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11	ne 2g)	 1e) (A), line 		4,314,4 78,836,3 4,028,0 122,8 87,301,6	77 23 26	4,543,067 83,025,043 1,375,031 145,994 89,089,135
	9 10 11 12	Progra Invest Other Total (12) . Grants Benefi	im service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), linevenue—add lines 8 through 11	ne 2g)	 1e) (A), line 		4,314,4 78,836,3 4,028,0 122,8 87,301,6	77 23 26 85 21	4,543,067 83,025,043 1,375,031 145,994 89,089,135
	9 10 11 12 13 14	Progra Invest Other Total (12) . Grants Benefi Salario 5-10)	im service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), linevenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	(A), line		4,314,4 78,836,3 4,028,0 122,8 87,301,6 25,132,4	77 23 26 85 21 0	4,543,067 83,025,043 1,375,031 145,994 89,089,135 27,631,613
	9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	im service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 servenue—add lines 8 throu	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 1 (must equal Part VIII, column IX, column (A), lines 1-3). X, column (A), line 4) e benefits (Part IX, column (A), line 11e)	(A), line		4,314,4 78,836,3 4,028,0 122,8 87,301,6 25,132,4	77 23 26 85 21 0	4,543,067 83,025,043 1,375,031 145,994 89,089,135 27,631,613 0
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	9 10 11 12 13 14 15 16a b	Progra Invest Other Total II 12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 standard (Part I) to paid to or for members (Part I) tes, other compensation, employed signal fundraising fees (Part IX, column (D), and assing expenses (Part IX, column (D)).	(A), lines 3, 4, and 7d)	(A), line		4,314,4 78,836,3 4,028,0 122,8 87,301,6 25,132,4 34,778,0 48,0	77 23 26 85 21 0 30 00 00 02	4,543,067 83,025,043 1,375,031 145,994 89,089,135 27,631,613 0 36,661,976 23,500
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, line iment income (Part VIII, column revenue (Part VIII, column (A), line iment income (Part VIII, column (A), line iment income (Part VIII, column (Part I) iment income implicate	(A), lines 3, 4, and 7d)	(A), line		4,314,4 78,836,3 4,028,0 122,8 87,301,6 25,132,4 34,778,0 48,0	77 23 26 85 21 0 30 00 00 53 0	4,543,067 83,025,043 1,375,031 145,994 89,089,135 27,631,613 0 36,661,976 23,500
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May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

dimensions of life

Part	• • •	Statement of Program Service Accomplishments
		Check if Schedule O contains a response to any question in this Part III
1	Briefl	y describe the organization's mission

The College offers distinctive undergraduate and graduate programs that reflect its commitment to teaching, scholarship, and service to the greater community. The mission of the College is to develop students to have strong character and balanced perspectives and to prepare them for intelligent and wholehearted participation in a global society and for effective leadership in civic, professional, spiritual, and social

	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?												
If'	If "Yes," describe these new services on Schedule O												
	d the organization	on cease conducting, or	make sıgnıfıcar	nt changes in how it co		s √ No							
If'	If "Yes," describe these changes on Schedule O												
ex	penses Section	501(c)(3) and 501(c)(4	1) organizations	s and section 4947(a)	ree largest program services, as me (1) trusts are required to report the h program service reported								
la (C	Code) (Expenses \$	48,870,273	ıncludıng grants of \$	27,631,613) (Revenue \$	0)							
In	Includes student instruction and scholarships For the Fall 2011, there were 2,279 undergraduates, 549 graduates for a total enrollment of 2,828 students												
4b ((Code) (Expenses \$	11,642,416	ıncludıng grants of \$	0) (Revenue \$	0)							
In	ncludes auxiliary ent	terprises (such as dining servi	ces, student housir	ng, bookstore, and other sna	ack bar areas)								
lc ((Code) (Expenses \$	9,153,081	ıncludıng grants of \$	0) (Revenue \$	0)							
In	Includes other institutional services (such as information technology, interest expense, and other allocated expenses) that support student instruction												
((Code) (Expenses \$	7,853,611	ıncludıng grants of \$	0) (Revenue \$	0)							
In	ncludes Student Ser	vices which consists of enrollm	nent services, regis	strar, health and counseling	services, student activities, sports, and recr	eation							
((Code) (Expenses \$	3,594,575	ıncludıng grants of \$	0) (Revenue \$	0)							
	ncludes Academic Su Ivisions	upport which consists of the C	ollege's library, art	gallery, academic advising,	career services, and other support services	s for the acade							

0)(Revenue\$

Other program services (Describe in Schedule O) 4d

(Expenses \$ 11,448,186 including grants of \$

Total program service expenses►\$

81,113,956

0)

Circulate of Acquired Scriedaic	art IV	Checklist of	Required	Schedules
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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? Note. 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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		Νo
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	Section 501(c)(3) organizations. 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	•	٠,١	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 133			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		1 00	
h	return			
ט		2b	Yes	
а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4 a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization allocated to each state	13a		
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			
c	Enter the aggregate amount of reserves on hand			
4-2		14-		NI A
+a 	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>, </u>		
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			
а	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
	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
Re	evenue Code.)		V	
10-	Did the commented best level about an horseles as efficience?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	104		INO
ט	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	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Yes	
	ın 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	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Steve Bright

1501 Lakeside Drive

Lynchburg, VA 24501 (434) 544-8428

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
(A) Name and Title	(A) me and Title A verage hours per week (describe					eck x, oth		(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)

	(A) Name and Title	(B) (C) A verage Position (do not check more than one box, unless person is both an officer and a director/trustee) hours								(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table														
												\top		
												I		
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												\top		
												T		
	iub-Total							F				I		
	otal from continuation sheets to tal (add lines 1b and 1c) .									1,665,860		0		267,228
2 T	otal number of individuals (incli	udıng but not lın	nited to	thos	e lıs	ted	above) who	o receive	d more tha	an			
* 	100,000 of reportable compens	sation from the (organiz	ationi	-25									
	ıd the organization list any forr n line 1a? <i>If "Yes," complete Sch</i>					ey e	mploy •	ee, d	or highes	t compens	ated employee	3	Yes	No No
01	or any individual listed on line 1 rganization and related organiza ndividual											4	Yes	
	ıd any person listed on line 1a ervices rendered to the organiz										or individual for	5	, 55	No
Sect	tion B. Independent Con	tractors										—		
1 C	omplete this table for your five 100,000 of compensation from r within the organization's tax y	highest comper the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	ıfund anbury Road T 068978012									Investment	Services			493,812
1000 Jeff Lynchbur	n Seven Architects ferson Street Suite 2A g, VA 24504									Architectual	Services			160,507
Lynchbur	est Hills Circle g, VA 24501									Construction	ı			184,594
Framingh	en Street 4th Floor nam, MA 01701									Energy Serv	ices		1	,984,565
P O Box 3	erson & Sons Inc 395 tox, VA 24522									Construction			2	,246,203
2 Tot	tal number of independent conti 00,000 of compensation from t	•	_	ot lim	nited	to	those	lıste	d above)	who recei	ved more than			

Part v		Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
22	1a	Federated campaigns	1a	0				
哥哥	Ь	Membership dues	. 1b	0				
ಕ್ಟಾ	c	Fundraising events		33,204				
£ €				0				
<u>ਬ</u> ੂਰ	d	Related organizations	. 1d					
≨ં≣	e	Government grants (contributions)	1e	576,869				
ʰ.	f	All other contributions, gifts, grants,	and 1f	3,932,994				
至昱	 g	similar amounts not included above Noncash contributions included.	ed in					
들은	9	lines 1a-1f \$ 203,162						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	. .	▶	4,543,067			
• ••				B 6 1				
e	_			Business Code				
Program Serwce Revenue	2a	Tuition and Fees		611310	66,767,895	66,767,895	0	0
Æ	Ь	Auxiliary Enterprises		900099	14,813,606	14,813,606	0	0
e Ç	c	Miscellaneous Revenue		900099	1,443,542	1,443,542	0	0
}:	d							
ğ	e							
Tea Tea	f	All other program service rev	enue			0	0	
Ş	'							
<u>~</u>	g	Total. Add lines 2a-2f			83,025,043			
	3	Investment income (including	g dividen	ds, interest				
		and other similar amounts)		▶ [1,525,498	0	0	1,525,498
	4	Income from investment of tax-exe	mpt bond p	oroceeds 🕨	0	0	0	0
	5	Royalties		▶ [0	0	0	0
		(ı) Real		(II) Personal				
	6a	Gross rents	0	0				
	ь	Less rental	0	0				
	_c	expenses Rental income	0	0				
	`	or (loss)						
	d	Net rental income or (loss) .		•	0	0	0	0
		(ı) Securiti		(II) Other				
	7a	Gross amount 44,6 from sales of	17,187	2,300				
		assets other						
	Ь	than inventory Less cost or 44,7	69,954	0				
		other basis and sales expenses	,					
	_c		52,767	2,300				
	d	Net gain or (loss)			-150,467	0	0	-150,467
Other Revenue	8a	Gross income from fundraisin events (not including \$ 33,204	ı					
क >		of contributions reported on I						
æ		See Part IV, line 18						
<u>u</u>	,.		a	33,002				
훗	b	Less direct expenses		34,874	4 070		_	4 070
J	C	Net income or (loss) from fun	i	events F	-1,872		0	-1,872
	9a	Gross income from gaming ac See Part IV, line 19		0				
	ь	Less direct expenses	. ь	0				
	c	Net income or (loss) from gai	ming activ	vities	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances .	a	0				
	ь	Less cost of goods sold .	. ь	0				
	c	Net income or (loss) from sal		entory ►	o	0	o	О
		Miscellaneous Revenue		Business Code				
	11a	Auxiliary - Catering		722320	147,866	0	147,866	0
	Ь							
	_							
	°	A.U					-	
	d	All other revenue	ı		0	0	0	0
	e 12	Total Add lines 11a-11d .			147,866			
	12	Total revenue. See Instruction	ons	•	89,089,135	83,025,043	147,866	1,373,159

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	27,387,268	27,387,268		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	244,345	244,345		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,306,389	462,995	613,161	230,233
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	26,796,268	24,131,724	1,788,073	876,471
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,004,360	1,807,356	131,988	65,016
9	Other employee benefits	4,447,258	4,071,487	255,646	120,125
10	Payroll taxes	2,107,701	1,851,405	175,150	81,146
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	34,696	0	34,696	0
С	Accounting	59,888	0	59,888	0
d	Lobbying	0	0	0	0
е	Professional fundraising See Part IV, line 17	23,500			23,500
f	Investment management fees	585,704	0	585,704	0
g	Other	0	0	0	0
12	Advertising and promotion	86,416	52,438	33,908	70
13	Office expenses	1,239,311	1,024,725	92,538	122,048
14	Information technology	1,310,235	1,260,122	12,495	37,618
15	Royalties	0	0	0	0
16	Occupancy	2,759,323	2,676,544	55,186	27,593
17	Travel	962,906	688,103	130,249	144,554
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	1,306,704	1,306,704	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,933,678	3,933,678	0	0
23	Insurance	88,745	0	88,745	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Food Purchases-Dining Services	2,001,050	2,001,050	0	0
b	Indirect Cost Allocation-Auxiliary/Other	2,888,900	2,888,900	0	0
С	Bookstore Purchases	1,082,114	1,082,114	0	0
d					
е					
f	All other expenses	4,634,210	4,242,998	326,429	64,783
25	Total functional expenses. Add lines 1 through 24f	87,290,969	81,113,956	4,383,856	1,793,157
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 21,874 21,604 1 4,289,498 4.624.079 2 2 Savings and temporary cash investments 3 2,679,117 2,660,995 771.581 606.763 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 1,634,455 1,650,367 7 606.873 8 661.631 9 241,739 9 290,151 Prepaid expenses and deferred charges 10a 111,725,865 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 47,727,461 b Less accumulated depreciation 62,725,724 10c 63,998,404 82,762,803 11 78,494,011 11 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 353,680 15 333,316 15 153,341,321 156,087,344 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 6,273,327 17 6,050,548 17 Accounts payable and accrued expenses . 18 18 19 1,358,438 19 1,721,740 20 24.103.706 20 22.904.114 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1.665.843 23 1,761,469 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,696,483 25 3,466,632 D 26 36,097,797 26 35,904,503 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 49,555,326 27 50, 192, 818 Unrestricted net assets 39,797,926 28 36,380,606 28 Temporarily restricted net assets Fund 29 30.636.295 29 30,863,394 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 119.989.547 33 117,436,818 34 Total liabilities and net assets/fund balances 156.087.344 34 153.341.321

Pal	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		89,0	089,13
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,290		
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	798,16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		119,9	89,54
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,3	350,89
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		117,4	136,81
Pai	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	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 taudit, 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is 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 the 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 readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion that a			_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae 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
Thomas L Booker Trustee	1	х						0	0	0
Alan A Burgess Trustee	1	х						0	0	0
Howard M Butler	1	х						0	0	0
Trustee Carol Calandra	+	<u> </u>								
Trustee	1	Х						0	0	0
Fred R Cawthorne Trustee	1	Х						0	0	0
Charles P Collings Trustee	1	х						0	0	0
Stephen L Crank Trustee	1	х						0	0	0
Richard O Danker Trustee	1	Х						0	0	0
MaryJane Tousignant Dolan Trustee	1	Х						0	0	0
Julie P Doyle	1	х						0	0	0
Trustee Douglas D Drysdale	1							0	0	0
Trustee Rebecca DuFour	1							0	0	0
Trustee Elena Edwards Trustee	1	Х						0	0	0
Mary S Elcano Trustee/Corporate Officer	1	Х						0	0	0
Stuart C Fauber	1	Х						0	0	0
Trustee/Corporate Officer Pauline B Flint Trustee/Corporate Officer	1	Х						0	0	0
Suzanne F Flynn Trustee	1	Х						0	0	0
Mary H Futrell Trustee	1	Х						0	0	0
Roger H Green Trustee	1	Х						0	0	0
Yuille Holt III Trustee	1	Х						0	0	0
Terry H Jamerson Trustee	1	Х						0	0	0
Yong H Kim Trustee	1	Х						0	0	0
Nathanial X Marshall Trustee	1	Х						0	0	0
Philip G Mazzara Trustee	1	Х						0	0	0
Margaret Miller Trustee	1	Х						0	0	0

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

(A) Name and Title	(B) Average hours		that		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	rrom the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jay W Newkirk Trustee	1	Х						0	0	0
Ellen G Nygaard Trustee/Corporate Officer	1	Х						0	0	0
Kathryn M Pumphrey Trustee	1	Х						0	0	0
Mary Rose Ragsdale Trustee	1	Х						0	0	0
Roy A Roberson Jr Trustee	1	Х						0	0	0
Rosel H Schewel Trustee	1	Х						0	0	0
Walker P Sydnor Jr Trustee	1	Х						0	0	0
Andrew J Tatom III Trustee	1	Х						0	0	0
Thomas A Walker Trustee	1	Х						0	0	0
Charles B White Trustee	1	Х						0	0	0
Tucker W Withers Trustee	1	Х						0	0	0
Percy Wootton Trustee	1	Х						0	0	0
Kenneth R Garren President of the College	60			×				350,645	0	45,838
Julius A Sigler Jr VP and Dean for Academic Affairs	55			х				123,414	0	17,351
John G Eccles VP and Dean for Student Development	55			×				120,117	0	15,312
Rita A Detwiler VP for Enrollment Management	55			х				118,500	0	23,262
Denise A McDonald VP for Advancement	40			х				120,258	0	23,485
Edward A Polloway VP for Comm Adv & Dean of Grad Studies	65			х				107,259	0	14,355
Stephen E Bright VP for Business and Finance and Treas	55			Х				139,206	0	22,753
John C Lewis Associate VP for Business & Finance	60					Х		121,187	0	20,225
David Murphy Professor	40					Х		112,288	0	21,147
Joe Turek Dean-School of Business and Economics	70					Х		113,373	0	21,090
Kevin Brueilly Assoc Professor/Dir Physical Therapy	40					Х		122,446	0	21,641
Atul Gupta Professor	40					х		117,167	0	20,769

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

LYNCHBURG COLLEGE

Name of the organization

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

			instructions))	Yes	No	Yes	No	Yes	No		
	(i) organization (ii) organization or IR		(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 not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
h			led entity of a perso ng information about						11g (i	ii)	
		•	governing body of th er of a person descri		_	CIOII ·			11g(11g(
			rectly or indirectly c governing body of th			-	persons des	cribed in (ii)	11g(Yes No	
g	followin	g persons?	2006, has the organi								
f	If the o check t	rganization his box	received a written de						II supportın	g organization,	
еГ	By chec	king this b	ox, I certify that the on managers and otl	organization	ıs not contr	olled directly	or indirectly	y by one or m	ore disquali	fied persons	
11 厂	one or r	nore public	ganized and operated ly supported organiz bes the type of supp b Type I	ations descri orting organi	ibed in secti i <u>za</u> tion and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 5 0		
10			ganization after June ganized and operated								
		_	oss investment inco				-		ax) from bus	sinesses	
9 ,	_		ities related to its ex	• •		• •		•	•	· -	
8 9			described in sectior at normally receives					uitions mem	harchin faac	and aross	
7	describ section	ed in 170(b)(1)(at normally receives A)(vi) (Complete P	art II)	·			ntai unit or ir	om the gene	rai public	
6			local government or						. 1		
5	_	-	erated for the benefi A)(iv). (Complete P	_	or universit	y owned or o	perated by a	government	al unıt descr	ribed in	
,			ty, and state		_				-/(/(/-		
4			perative hospital se n organization operat						1)(A)(iii). Er	nter the	
2			in section 170(b)(1				- 170/b\/1\	(A) (:::)			
1 _			on of churches, or as)(1)(A)(i).				
			e foundation becaus								
Part I	Reas	on for Pu	blic Charity Sta	tus (All ord	anizations	must comr	olete this n	54-05059 art) See in			

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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 sto	p here						▶ □
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 stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. 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—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	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	► □

▶□

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493039012513

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

Se	ction 527 organizations Complete	e Part I-A only		•			
	-	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	art VI, line 47 (Lobbying	Activ	vities), ther	า
Se	ction 501(c)(3) organizations that	t have filed Form 5768 (election under s	section 501(h)) C	Complete Part II-A Do not co	omple	ete Part II-B	
	, ,, ,	t have NOT filed Form 5768 (election ur		•		•	II-A
	-	s," to Form 990, Part IV, Line 5 (Pro	oxy Tax) or Fori	m 990-EZ, line 35c (Proxy	y Tax	t), then	
	ction 501(c)(4), (5), or (6) organi	zations Complete Part III		le			
	me of the organization ICHBURG COLLEGE			Employeride	ntific	ation numbe	er
				54-0505922			
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c	c) or is a section 52	7 or	ganizatio	n.
L	Provide a description of the or- in opposition to candidates for	ganızatıon's dırect and ındırect politic public office in Part IV	al campaign act	ıvıtıes on behalf of or			
2	Political expenditures			▶	\$_		
3	V olunteer hours						
ar	<u> </u>	<u>ganization is exempt under s</u>	-				
L	Enter the amount of any excise	e tax incurred by the organization und	er section 4955	•	\$ <u>_</u>		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 ►	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?			☐ Yes	┌ No
1 a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
ar	t I-C Complete if the or	ganization is exempt under s	section 501(d	c) except section 50	1(c))(3).	
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	ot function activities 🕨	\$_		
2	Enter the amount of the filing o	rganization's funds contributed to oth	ner organizations	for section 527			
	exempt funtion activities			▶	\$_		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	\$_		
1	Did the filing organization file I	Form 1120-POL for this year?				☐ Yes	┌ No
5	organization made payments I	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di	amount paid fro	m the filing organization's	fund	s Also ente	rthe
		political action committee (PAC) If a					5 a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	. co	A mount of ontributions and prompt	received ly and

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Daily and Ask and Day amount Dade at	n Act Notice can the instructions for E			

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	Totals
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Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,					
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en					
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		3,092	
j	Total lines 1c through 1i			3,092	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The College is a member of the Council of Independent Colleges in Virginia (CICV) which supports Virginia Private Colleges by advocating public policy positions and monitoring legislation impacting the independent higher education community CICV provides a voice for Virginia's independent higher education community and advocates on behalf of the schools, students and their families at the Virginia General Assembly, in Congress, and before agencies, boards, and commissions CICV estimates that 11 48% of the 11-12 membership dues (\$26,938) were used for lobbying

DLN: 93493039012513

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

LYN	CHBURG COLLEGE			-		
			54-05	505922		
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds o	r Accounts. (Complet	e if the
	-	(a) Donor advised funds	(b) Funds and oth	eraccou	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		nor advis	ed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			purpose	┌ Yes	□ No
Pal	rt II Conservation Easements. Complete	if the organization answered "Yes" i	to Form	990 Part IV	<u>'</u>	,
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of a	certified	historic structui		a
	easement on the last day of the tax year					
	Takal musikan af annamakan arang manka		-	Held at the E	nd of the	
а	Total number of conservation easements		2a			1
b	Total acreage restricted by conservation easements		2b			470
С	Number of conservation easements on a certified his		2c			0
d	Number of conservation easements included in (c) a	equired after 8/1//06	2d			0
3 4	Number of conservation easements modified, transfer the taxable year O Number of states where property subject to conservations.		ed by the	organization du	ring	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, han	—— dling of v	iolations, and	✓ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents dur	ng the year 🛌	0	
7	A mount of expenses incurred in monitoring, inspecti					
	▶ \$ 0	<i>5,</i>		•		
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction		✓ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia:				
ar	Complete if the organization answered '		or Oth	er Similar As	ssets.	
	<u> </u>	100 10 101111 220, 1 1111 2 1 1				
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or resear	ch ın furt			<u>,</u>
la b	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or resear its revenue statements that describes these if the statement in its revenue statement public exhibition, education, or research	ch in furt tems and balar	herance of publi ice sheet works	c service	÷,
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for i	116, not to report in its revenue statement for public exhibition, education or resear its revenue statements that describes these if the statement in its revenue statement public exhibition, education, or research	ch in furt tems and balar	herance of publi ice sheet works	c service of art, ervice,	0
la b	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	116, not to report in its revenue statement for public exhibition, education or resear its revenue statements that describes these if the statement in its revenue statement public exhibition, education, or research	ch in furt tems and balar	herance of publice sheet works	of art, ervice,	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	torical	Treas	ures, or C	the	<u>r Similar Asse</u>	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)									
а	▼ Public exhibition		d	√ Lo	an or ex	change prog	rams			
b	Scholarly research		e	┌ ot	her					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	v thev fur	ther the	organization	ı's ex	cempt purpose in		
•	Part XIV			,,		organization		.cmpc parpose m		
5	During the year, did the organization solicit									-
Б-	assets to be sold to raise funds rather than							<u>.</u>	Yes	✓ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ni answere	u r	es to form 99	υ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					orotherass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table						
								Amo	unt	
C	Beginning balance						1 c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete									
4_	Danis and the same hallows	(a)Current Year 79,008,989	(b)	Prior Year 67,588,		wo Years Back 62,177,03	-)Three Years Back (82,010,777	e) Four Y	ears Back
1a L	Beginning of year balance	1,583,137		1,346,		1,013,97	-	784,675		
b	Contributions	-3,158,653		12,154,		5,724,29		-18,381,644		
c d	Investment earnings or losses Grants or scholarships	1,420,685		892,		373,69	_	776,669		
e	Other expenditures for facilities	1,376,504		1,187,	_	952,83	-	1,460,103		
_	and programs	_,,		_,,		,		_,,,		
f	Administrative expenses	0			0		0	0		
g	End of year balance	74,636,284		79,008,	989	67,588,78	33	62,177,036		
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment 🕨	20 %								
b	Permanent endowment ► 40 %									
c	Term endowment ► 40 %									
За	Are there endowment funds not in the posse	ssion of the organiz	atıon 1	that are h	neld and	admınıstere	d for	the		
	organization by (i) unrelated organizations							25/1)	Yes	No
							•	3a(i) 3a(ii)	_	No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization						٠.	3b	1	
4	Describe in Part XIV the intended uses of th									
Pai	t VI Land, Buildings, and Equipme	e nt. See Form 99	0, Pa	ırt X, lın	e 10.					
	Description of property				t or other vestment)	(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) Boo	ok value
1a	Land				0	1,916	,944			L,916,944
b	Buildings				0	84,915	,447	35,583,325	49	9,332,122
c	Leasehold improvements				0	3,646	,886	322,375		3,324,511
d	Equipment				0	13,329	,654	9,207,326		1,122,328
е	Other				C	7,916	,934	2,614,435	-	5,302,499

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

63,998,404

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	(B)Book value	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	<u> Form 990, Part X, line</u>		
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Tabel (Calvara (h) abauld agual Farra 000, Darb V, asl (D) bas 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) (b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S Government grants refundable	5.) (, line 25. (b) Amount 0 1,046,864		(b) Book value

	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
Pai	rt 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	89,089,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	87,290,969
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,798,166
4	Net unrealized gains (losses) on investments	4	4,086,406
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	264,489
9	Total adjustments (net) Add lines 4 - 8	9	4,350,895
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,149,061
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	56,525,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-31,982,508
3	Subtract line 2e from line 1	3	88,507,600
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 585,704		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	581,535
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	89,089,135
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	59,077,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 4,169		
e	Add lines 2a through 2d	2e	4,169
3	Subtract line 2e from line 1	3	59,073,652
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 585,704		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	28,217,317
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	87,290,969

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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
SchD_P02_S00_L05	Schedule D, Part II, Line 5	The Virginia Outdoors Foundation has the responsibility to enter the property from time to time (usually on an annual basis) for purposes of inspection and enforcement of the terms of the easement after permission from or reasonable notice has been given to the College The Foundation has the right to bring an action at law or in equity to enforce the restrictions as outlined in the easement. This right specifically includes the right to require restoration of the property to a condition of compliance with the terms of the easement as existed on the date of the gift of the easement. A report is received from the Virginia Outdoors Foundation detailing their visit and addressing any issues that may arise. The College has a full-time Director of the Claytor Nature Study Center (the farm) that is responsible for working with the Virginia Outdoors Foundation.
SchD_P02_S00_L09	Schedule D, Part II, Line 9	The Virginia Outdoors Foundation easement was included with a gift of a 470 acre farm received in 1998. The gift of the farm was substantiated by a real estate appraisal report and recorded as an asset to the College on the Statement of Financial Position and as gift revenue on the Statement of Activities when received.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College's art collection includes paintings, drawings, prints, and sculpture by Pierre Daura, works by Amherst County folk artist Queena Dillard Stovall, and numerous works by other American and European artist. The mission of the Daura Gallery is to serve the College and the community beyond by providing opportunities for learning, enjoyment, and personal growth, by strengthening the creative and curricular life of the College, and by encouraging the interdisciplinary affiliation of the visual arts with diverse academic disciplines.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment includes (1) funds that offer a comprehensive financial aid program for students demonstrating financial need, academic merit, and special leadership traits, (2) funds that support Distinguished chairs, professorships, and special lectureships, (3) funds that offer numerous special programs to benefit students, faculty, staff and the broader community which are diverse in focus and create unique learning opportunities, and (4) funds that offer financial support to the College's annual operating budget
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in the value of split interest agreements (\$264,489)
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Includes Financial Aid (\$-27,631,613) and Split interest agreements (\$-264,489)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Includes Special events
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Includes Special events
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Includes Financial Aid (\$27,631,613)

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As Filed Data -

DLN: 93493039012513

OMB No 1545-0047

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.

Schools

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization **Employer identification number** LYNCHBURG COLLEGE 54-0505922 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The College has publicized its notice of non-discriminatory policy of students through new spaper media. Also, the College's wiebsite includes a statement that Lynchburg College does not discriminate on the basis of age, race, religion, disability, gender, sexual orientation, or national or ethnic origin.
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Lynchburg College was the recipient of various grants and contracts from the Federal Government supporting student financial aid and other College programs in the 2011-12 fiscal year. These federal awards were received from the U.S. Department of Education and the Department of Commerce

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493039012513

OMB No 1545-0047

SCHEDULE F (Form 990)

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**

Department of the Treasury Internal Revenue Service

Name of the organization LYNCHBURG COLLEGE

Employer identification number

54-0505922

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

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or		
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award		
	the grants or assistance 9	Yes	No

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

3 Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the region)	, , , , , , , , , , , , , , , , , , ,	(f) Total expenditures for region/investments in region
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Study Abroad (French)	11,638
Central America and the Caribbean	0	0	Program Services	Study Abroad (Spanish)	28,992
Central America and the Caribbean	0	0	Program Services	Study Abroad (Biology)	9,281
Central America and the Caribbean	0	0	Program Services	St Lucia Feasibility Study	540
Central America and the Caribbean	0	0	Program Services	Financial Aid - Students	51,440
East Asia and the Pacific	0	0	Program Services	Financial Aid - Students	108,620
South Asia	0	0	Program Services	Financial Aid - Students	40,100
Europe (including Iceland and Greenland)	0	0	Program Services	Fınancıal Aıd - Students	44,185
Europe (including Iceland and Greenland)	0	0	Program Services	Professional Enrichment	3,763
Europe (including Iceland and Greenland)	0	0	Program Services	Artwork Purchase	6,291
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			304,850
For Privacy Act and Paperwork Reduction	Act Notice, see	the Instructions	for Form 990. Cat	No 50082W Schedu	le F (Form 990) 2011

Par	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ ┌
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) 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 nui	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.

Non-Funded Financial Central Aid the Cari Non-Funded Financial East As Aid Pacific	I A merica and ribbean sia and the	Number of ecipients 3	·	(e) Manner of cash disbursement Applied to student's tuition and fees account	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Aid the Cari Non-Funded Financial East As Aid Pacific Funded Financial Aid East As	ribbean sia and the sia and the		·		o I		
Aid Pacific Funded Financial Aid East As	sıa and the	5	107720				
				Applied to the student's tuition and fees account	0		
raciiic		1		Applied to the student's tuition and fees account	0		
Non-Funded Financial South A Aid	√sia	1		Applied to the student's tuition and fees account	0		
Funded Financial Aid South A	√sia	1		Applied to the student's tuition and fees account	0		
Non-Funded Financial Europe (Aid Iceland Greenla		3	44,185	Applied to the student's tuition and fees account	0		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	[·	. 1	۷o
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	F	· N	۷o
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)	Г	Yes	⊳	. 1	۷o
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	⊡	- N	۷o
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	· N	۷o
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	<u>ح</u> ا		۷o

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.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Lynchburg College does not provide grants and other assistance to organizations or entities outside the United States Financial aid is awarded to students who attend the College and who live outside of the United States This aid is based upon need and merit and is applied to each student's billed tuition and fees account The College uses the College Boards's PowerFAIDS software to manage its financial aid database and awarding procedures

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493039012513

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. See separate instructions.	Inspection
Name of the organization		Employer identification number
LYNCHBURG COLLEGE		54-0505922

								54-0505922			
Pa	rt I Fundraising A	ctivities. Complet	e if the o	organizat	tion	answered "Yes"	to Forn	າ 990, Part IV,	line 17		
1	Indicate whether the orga	anızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all t	hat apply			
а	Mail solicitations			е	~	Solicitation of nor	n-goverr	nment grants			
b	✓ Internet and e-mail s	solicitations		f	<u> </u>	Solicitation of gov	/ernmen	t grants			
c	Phone solicitations			g	~	Special fundraisir	ıg event	s			
d	✓ In-person solicitatio	ns									
2a	Did the organization have or key employees listed i								I	Yes	
b	If "Yes," list the ten higher to be compensated at lea									5	
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or trol of outions?) Gross receipts from activity	(orı	mount paid to retained by) aiser listed in col (i)		nount p stained anizatio	by)
301	hn & Associates 5 Sedgewick Drive chburg, VA 24503	Campaign Consulting		No		0		23,500		-	23,500
Γota	al					0		23,500		-	23,500
3	List all states in which th licensing	e organization is regi	stered or l	licensed t	o sol	ıcıt funds or has be	een notif	fied it is exempt	from regi	stratio	n or

Pai	t II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1 Golf Tournament (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))			
RUE	1	Gross receipts	19,947	16,608	29,651	66,206			
Revenue	2	Less Charitable contributions	11,471	. 6,445	15,288	33,204			
	3	Gross income (line 1 minus line 2)	8,476	10,163	14,363	33,002			
	4	Cash prizes	С	0	0	0			
မာ	5	Non-cash prizes	С	0	0	0			
Expenses	6	Rent/facility costs	4,748	4,328	6,673	15,749			
ă	7	Food and beverages	3,218	0	3,320	6,538			
Direct	8	Entertainment	С	0	0	0			
ā	9	Other direct expenses .	1,231	5,576	5,780	12,587			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(34,874)			
	11	Net income summary Combine li	nes 3 and 10 in column (d)		-1,872			
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
တ္	2	Cash prizes							
xpenses	3	Non-cash prizes							
ш	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes Г No	Г Yes	┌ Yes				
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		()			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>				
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?								
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . b If "Yes," Explain					the tax year?	· · Fyes Fno			

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3				
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No				
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity						
	formed to administer charitable (gamıng?		· · · · F Yes F	- No				
13	Indicate the percentage of gamii	ag activity operated in		1 1					
a				13a					
b									
14		f the person who prepares the organiza							
	Name ►								
	Address ►								
	revenue?	ntract with a third party from whom the			- No				
		ed by the third party 🟲 \$							
С	If "Yes," enter name and address	S							
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	\$ \$							
	Description of services provided	>							
17 a		Employee er state law to make charitable distribu		· · ·	- No				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
_		activities during the tax year > \$		hadala C /					
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see					
	Identifier	ReturnReference	Explana	tion					
		•	•						

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Schedule I

(Form 990)

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: 93493039012513

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number LYNCHBURG COLLEGE 54-0505922 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

(a)Type of grant or assistance	(b) Number of recipients	(c)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) Non-funded Financial Aid	2020	26,420,634	0		
(2) Funded Financial Aid	74	966,634	0		

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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Within the limits of available resources, the College makes every effort to make financial aid opportunities available to needy and academically eligible students. Traditional-age students must be enrolled in a full-time undergraduate degree program to be considered for College academic scholarships, grants and/or need-based financial aid. With the exception of some academic scholarships, students who wish to apply for grants, loans or work-study should submit the Free Application for Federal Student Aid (FAFSA). Awards are considered on the basis of financial need and/or a student's academic profile. Awards are packaged using a combination of grants and scholarship, loans and work-study assignments. Students must be in good academic and social standing and achieve the minimum quality point average required. The College Board's PowerFAIDS software is used to manage the financial aid database and awarding procedures.
SchI_P03_S00_L00	Schedule I, Part III	Part III (a) Non-funded Financial Aid is funded from the College's unrestricted resources. Funded Financial Aid consists of the proceeds of endowed scholarships and annual gifts that were donated to help students pay for the cost of their education. Various state grants also provide scholarships to assist students with paying for their education. Part III (b) 98% of traditional students at the College (2,137) received some form of Financial Aid. Therefore, the number of recipients was estimated by multiplying 98% times 2,137 students or 2,094 students and then prorating 2,137 students to Non-funded and Funded aid.

DLN: 93493039012513

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organization	on Employer identif	ication number
	54-0505922	

Pa	t I Questions Regarding Compensation						
					Yes	Νo	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	굣	Housing allowance or residence for personal use				
	▼ Travel for companions	Г	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		y				
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		Νo	
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo	
c							
	If "Yes" to any of lines 4a-c, list the persons and pro	vıde th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of						
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7							
8	Were any amounts reported in Form 990, Part VII, passibject to the initial contract exception described in in Part III			8		No	
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)\text{?}$	rebutt	able presumption procedure described in Regulations	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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	pellelits	(0)(1)-(0)	Form 990 or Form 990-EZ	
(1) Kenneth R Garren	(1) (11)	294,486 0	54,794 0	1,365 0	0 0	45,838 0	396,483 0	0 0	
(2) Stephen E Bright	(I) (II)	150,251 0	0 0	-11,045 0	0	22,753 0	161,959 0	0	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	As outlined in the President's contract with the College, the following items are provided (1) the President's spouse can accompany him on trips and perform bona fide and substantial school-related business activity, (2) the President is required to live in a house provided by the College as part of his job as President. The house is physically located on the College's campus
	Part I, Line 3	The Compensation Committee of the Board of Trustees approves the President's written employment contract on an annual basis. The approved written employment contract is approved by the full board and documented in the minutes. As deemed necessary by the Compensation Committee, an independent compensation consultant is used for input regarding the President's salary level as compared to other comparable positions.

Schedule J (Form 990) 2011

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.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

OMB No 1545-0047

DLN: 93493039012513

Open to Public Inspection

LYNCHBURG COLLEGE

Employer identification number

54-0505922

										5	4-050	5922			
Р	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	Description	of Purpose	(g) Def	(g) Defeased Beha				Pool ncing
										Yes	No	Yes	No	Yes	No
A	Industrial Development Authority of the City of Lynchburg Virginia	54-1225193	55123PBMI	07-16-2003	11,93	7,335	acade	Construction & equipping of an academic bldg & student housing			X		x		X
В	Economic Development Authority of the City of Lynchburg Virginia	54-1225193		02-23-2010	4,68	0,715	bldgs	v & equipping for the purp ing College'	ose of		Х		х		х
С	Virginia College Building Authority	54-1249154		12-21-2010	8,83	7,932	ıssue	des funds to dtd 1/22/04 obligations	refund a prioi 4 and other	-	Х		х		х
Pa	Proceeds				_										
					A		ı	В		С		D			
1	A mount of bonds retired					1,575	5,000 791,904		580,629						
	A mount of bonds defeased						0		0	0					
3	Total proceeds of issue					11,877	,388		4,680,715		8,8	837,932			
4	Gross proceeds in reserve fu						0		0			С			
5	Capitalized interest from pro-						0		0	0					
6	Proceeds in refunding escrov					0 0		0							
7	Issuance costs from proceed				108,399 53,208		100,088								
8	Credit enhancement from pro					0 0		0							
9	Working capital expenditures					0 0		Ü							
10	Capital expenditures from pr	oceeds				11,768			4,627,507			С			
11	O ther spent proceeds						0		0		8,	737,844			
12	O ther unspent proceeds						0		0						
13	Year of substantial completion	on ————————————————————————————————————				05			12		1		1	i	
٠.	Were the bonds issued as pa	art of a current refund	ing issue?		Yes	No X		Yes	No X	Yes		No	Yes		No
14						X			X	^		X			
15	Has the final allocation of pro		namy issue.		<u> </u>	 		.,	_ ^		-	^		-	
16					X			X		X	-			_	
17	Does the organization mainta allocation of proceeds?	·	na records to supp	ort the final	Х			Х		Х					
Pa	rt IIII Private Business	Use													
					-	A I Na			B	V	C	No	V-:-	D	No
					Yes	No	ט	Yes	No	Yes		No	Yes		No

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-

Χ

Χ

Χ

Χ

Χ

Χ

SCILE	dule K (Form 990) 2011								Page Z
Par	t IIII Private Business Use (Continued)								
			Α		В	1	С		D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		×		×		
b	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 28 %		0 %		0 07 %		•
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 28 %		0 %		0 07 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		Х		X			

Part IV Arbitrage

Par	tt V Arbitrage								
		А		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?		×		×		×		
			^		^		^		
2	Is the bond issue a variable rate issue?		×		X	×			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		х	x			
b	Name of provider					SunTrust Bar	ık		
С	Term of hedge					23			
d	Was the hedge superintegrated?						×		
e	Was a hedge terminated?						х		
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		
6	Did the bond issue qualify for an exception to rebate?		х		х		X		

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
	1	Column A - The difference between the issue price (\$11,937,335) and the total proceeds of the issue (\$11,877,388) relates to an Underwriter's discount (-\$112,675) and accrued interest (\$52,728)

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DLN: 93493039012513

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

LYNCHBURG COLLEGE **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part TV	Rusiness	Transactions	Involving	Interested	Persons
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

complete if the organization	m answered res on	roini 550, rait IV, iii	10 200, 200, 01 200.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
Scott Insurance	Trustee is President of the Company	178,691	Commercial Insurance provider		No
J E Jamerson & Sons	Trustee's husband is President of the Company	1,632,737	Construction		No
Janet Sigler	Family member of Julius Sigler, College Officer	36,884	Compensation paid as employee of the College		No
Heather Ryan-Sigler	Family member of Julius Sigler, College Officer	40,121	Compensation paid as employee of the College		No
Annette Eccles	Family member of John Eccles, College Officer	18,248	Compensation paid as employee of the College		No
Tyler Eccles	Family member of John Eccles, College Officer	28,385	Compensation paid as employee of the College		No
Sheila Garren	Family member of Kenneth Garren, President	25,000	Compensation paid as employee of the College		No

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DLN: 93493039012513

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization LYNCHBURG COLLEGE

Employer identification number

					54-0505922			
Pa	Types of Property	1		Τ	Γ			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests			20.047	5.00			
	Books and publications	X		20,867	FMV-Opinion of Exp	pert		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	17	157,186	A vg hı/low on gıft da	ate		
	Securities—Closely held stock .			·				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ► (<u>Furniture</u>)	X	1	5,583	FMV			
	Camera		,	1,280	EM1/			
	O ther ► (<u>Equipment</u>) O ther ► (<u>Travel Exps</u>)	X	3 9	, , , , , , , , , , , , , , , , , , ,				
	Other ► (<u>Traver Exps</u>) Other ► (<u>Miscellaneous</u>)	X	31	15,415				
	Number of Forms 8283 received				I I			
29	for which the organization compl				29			0
	·		,	•			Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
Ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd part	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a) is checked.			
-	describe in Part II		(-,, -, -, -, -, -, -, -, -, -, -, -, -, -	,,	,,			

Part II

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

Identifier	Return Reference	Explanation
SchM_P01_S00_L00	· · · · · · · · · · · · · · · · · · ·	The College is reporting the number of contributions in Part 1, column (b)

Schedule M (Form 990) 2011

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DLN: 93493039012513

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name	of the	organı	zation
LYNCHE	BURG CO	OLLEGE	

Employer identification number

54-0505922

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Tax Form 990 is internally prepared by the Senior Accountant-Endowment & Investments and review ed by the Associate VP and VP for Business and Finance. The Form 990 is then sent to be review ed by the Trustees which include the Chair of the Board, the Chair of the Budget and Finance Committee, and all members of the Audit Committee, who read over the document and notify the Business Office of their approval within three days. The completed Tax Form 990 is then emailed (or sent by overnight delivery) to all Trustees. The Business Office executes and submits the 990 Form to the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	As outlined in the College's By-Laws, the Board prohibits conflict of interest by its Trustees and College Officers in particular matters under consideration by the Board, in accordance with the Conflict-of-Interest policy for Trustees and College Officers. The Board asks each Trustee and each College Officer to (1) review the Conflict-of-Interest policy annually, (2) disclose any possible personal, familial or business relationships that reasonably could give rise to a conflict involving the College, (3) acknowledge by his or her signature that he or she is in compliance with the letter and spirit of this policy. If a conflict is suspected or confirmed, the matter shall be discussed between the committee chair, the board chair, and the trustee in question, to determine if any specific vote by the trustee should be recanted and if said trustee should be involved in any future discussion on that topic. Should the matter not be resolved by the committee chair, the board chair, and the trustee in question, ultimate enforcement of any conflict will be determined by the Executive Committee as may be appropriate. The completed Conflict-of-Interest forms are monitored and maintained in the President's Office.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation for all faculty and staff except the College President is set on an annual basis in keeping with the College's salary plan that was adopted after a year long study in 2005-06. The President's salary is set by the College's Compensation Committee. The committee is led by the Board Chair and includes several other Board members who have been appointed to the committee by the Board Chair. The purpose of the committee is to review the President's job performance and determine the appropriate salary to recommend to the full Board of Trustees. The Trustees meet in Executive session during the annual May meeting to receive the report of the Compensation Committee and act on their recommendation. The actions of the Board of Trustees while in Executive session are documented in the minutes of the meeting. In October 2010, the College obtained the services of a consultant to analyze the President's compensation package with Presidential compensation data from approximately ten (10) to fifteen (15) comparator colleges.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The documents are made available to the public upon request to the President of the College or the Vice President for Business and Finance

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	This figure includes net unrealized gains (\$4,086,406) and change in the value if split interest agreements (\$264,489)

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 7,853,611 including grants of \$ 0) (Revenue \$ 0)

Includes Student Services which consists of enrollment services, registrar, health and counseling services, student activities, sports, and recreation

(Code) (Expenses \$ 3,594,575 including grants of \$ 0) (Revenue \$ 0)

Includes Academic Support which consists of the College's library, art gallery, academic advising, career services, and other support services for the academic divisions