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DLN: 93493135019853

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable RANDOLPH COLLEGE Address change 54-0505941 E Telephone number Doing Business As Name change (434)947-8000 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 30,611,748 Terminated City or town, state or country, and ZIP + 4 LYNCHBURG, VA 24053 Amended return Application pending Name and address of principal officer Is this a group return for JOHN E KLEIN 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW RANDOLPHCOLLEGE EDU K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1891 M State of legal domicile VA Summary Part I Briefly describe the organization's mission or most significant activities INSTRUCTION (LIBERAL ARTS HIGHER EDUCATION) - SEE PAGE 2 FOR COMPLETE DESCRIPTION Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 25 Number of independent voting members of the governing body (Part VI, line 1b) . 25 4 5 769 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,378 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b -4,432 **Prior Year Current Year** 8,945,208 8 Contributions and grants (Part VIII, line 1h) . 5,910,399 19,850,589 22,361,555 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,695,265 2,339,794 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 38,491,062 30,611,748 13 8,017,904 9,418,438 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 854,704 757,091 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,106,000 25,879,787 25,770,740 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 34,752,395 35,946,269 19 Revenue less expenses Subtract line 18 from line 12 . 3,738,667 -5,334,521 (Assets or delatables) **Beginning of Current End of Year** Year 216,594,676 203,667,639 20 Total assets (Part X, line 16) . Met./ 21 Total liabilities (Part X, line 26) . . 32,849,768 31,654,961 183,744,908 172,012,678 22 Net assets or fund balances Subtract line 21 from line 20 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2013-05-14 Signature of officer Sign Here MITCH WESOLOWSKI INTERIM TREAS/VP OF FINANCE Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's RYAN MCENTIRE (see instructions) P00236022 Paid employed 🕨 🧧

Firm's name (or yours

if self-employed), address, and ZIP + 4

BROWN EDWARDS & COMPANY LLP

LYNCHBURG, VA 245060189

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

PO BOX 10189

Preparer's

Use Only

EIN > 54-0504608

Phone no (434) 948-9000

Par	t III		Service Accomplishments s a response to any question in thi		<u> </u>
1	Brief	ly describe the organization's	mission		
SEE	DETAI	ILED DESCRIPTION OF ORG	ANIZATION'S PRIMARY MISSIO	N PROVIDED ON SCHEDULE O	
2	the pi	rıor Form 990 or 990-EZ? .		g the year which were not listed on	┌ Yes ┌ No
		es," describe these new service			
3	servi	ces?		how it conducts, any program	┌ Yes ┌ No
	If "Ye	es," describe these changes or	Schedule O		
4	exper	nses Section 501(c)(3) and 5	01(c)(4) organizations and section	h of its three largest program servic n 4947(a)(1) trusts are required to r ny, for each program service reporte	eport the amount of
	(Code	e) (Expense:	s\$ 30,408,811 including grai	nts of \$ 9,418,438) (Revenue \$	23,418,375)
	INST	RUCTION 554 FULL-TIME UNDERGR		2 PART-TIME STUDENTS (BASED ON FALL 20	011 ENROLLMENT)
4b	(Cod	e) (Expense:	s\$ including gran	ts of \$) (Revenue \$)
4 c	(Cod	e) (Expense:	s \$ including gran	ts of \$) (Revenue \$)
A-1	0 +1	-	our Cahadula O)		
4d		er program services (Describo Denses \$	in Schedule O) including grants of \$) (Revenue \$)
		al program service expenses►\$, , , , , , , , , , , , , , , , , , ,	•

Dart TV	Checklist	of Peguire	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 ? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? 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 \blacksquare	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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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		N o
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	
		F	orm 990	(2011)

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V .				. [~	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable					
	Į.	1a	69			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	${f L}$ Did the organization comply with backup withholding rules for reportable payments to					
·	gaming (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	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 return	2a	769			
ь	If at least one is reported on line 2a, did the organization file all required federal emp					
				2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	e (see	e instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during			22	Yes	
h	year?			3a 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si			30	163	
-u	over, a financial account in a foreign country (such as a bank account or securities	gnata	re or other authority	_		
	account)?		•	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ▶ UK					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Ba	nk and	d Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited to	=				No
				5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10			6a		No
-	organization solicit any contributions that were not tax deductible?					
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	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 contributi	on an	d partly for goods and	7a		No
	services provided to the payor?					
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?		which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nnalh	enefit contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the o					
9	required?	. 9		7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd	the organization file a	76	V	
8	Form 1098-C?	nnort i	ng organizations Did	7h	Yes	
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization.					
	business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	,				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other					
	sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 999	0 ın lı	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the		- · -			
-	year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			, l		
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 li	censed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount			12-		
_	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	13b				
c	Enter the aggregate amount of reserves on hand					
		13c		, l		
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		N o
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana-	ation i	n Schedule O	14b		

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

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			
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	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		N. a
h	taxable entity during the year?	16a		No
U	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	100		<u> </u>
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MITCH WESOLOWSKI
 2500 RIVERMONT AVENUE

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) Average hours per week (describe	erage Position (do not check urs more than one box, er unless person is both eek an officer and a director/trustee)								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization an	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table						-					+		
											\top		
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1b Sub-Total							•	•		•	I		
d Total (add lines 1b and 1c) .						_	<u> </u>		980,267		0		182,048
2 Total number of individuals (incl	udıng but not lın	nited to	thos	e lıs		above) who	o receive	,	an			,
\$100,000 of reportable compen	sation from the	organız	atıonl	- 6									
3 Did the organization list any fori on line 1a? If "Yes," complete Sch					ey e	mploy •	ee,	or highes	t compens	ated employee	3	Yes	No No
4 For any individual listed on line is organization and related organization											4	Yes	
5 Did any person listed on line 1a										or individual for		1.00	
services rendered to the organiz	ation? <i>If "Yes," (</i>	complet	e Sch	edul	e J f	or suci	n per	son .		•	5		No
Section B. Independent Con													
Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ing with			
	(A) ne and business add	dress							Desc	(B) cription of services		Comper	
ARAMARK 2500 RIVERMONT AVE LYNCHBURG, VA 24503									DINING & C	ATERING		1	,575,934
CL LEWIS PO BOX 10728 LYNCHBURG, VA 24501									CONSTRUC	FION		1	,075,640
SECURITAS SECURITY SERVICES PO BOX 403412 ATLANTA, GA 303843412									SECURITY				434,348
CRADDOCK-CUNNINGHAM 10 NINTH STREET LYNCHBURG, VA 24504									ARCHITECT				393,852
CAMBRIDGE ASSOCIATES 4100 N FAIRFAX DR SUITE 1300 ARLINGTON, VA 22203									INVESTMEN	T MANAGEMENT			288,850
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►9													

Form 99						Page 9
Part \	<u>/1111</u>	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
nts ots	1a	Federated campaigns 1a	_			
gra our	Ь	Membership dues 1b	_			
æ, ç	C	Fundraising events 1c	_			
<u>≅</u> ,⊒	d	Related organizations 1d	_			
ns, sim	е	Government grants (contributions) 1e 177,185	-!!			
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in 292 116	_			
and	h	lines 1a-1f \$ \frac{292,116}{ \text{Total.} Add lines 1a-1f	> 5,910,399			
<u> </u>		Business Code				
Program Service Revenue	2a	TUITION AND FEES 6117	16,690,532	16,690,532		
æ	Ь	AUXILIARY SERVICES 6117	5,113,594	5,106,216	7,378	
93	С	OTHER 6117	.0 557,429	557,429		
Serv	d					
Ē	e					
12 0	f	All other program service revenue				
ΔŤ	g	Total. Add lines 2a-2f	22,361,555			
	3	Investment income (including dividends, interest				
		and other similar amounts)	1,275,596			1,275,596
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(1) Real (11) Personal Gross rents	-			
	Ь	Less rental	-			
	c	expenses Rental income	-			
		or (loss)	_			
	d	Net rental income or (loss)				
	7a	Gross amount 1,064,198 from sales of assets other				
	ь	than inventory Less cost or 0	-			
		other basis and sales expenses				
	c	Gain or (loss) 1,064,198				
	d	Net gain or (loss)	1,064,198	1,064,198		
Other Revenue	8a	s contributions reported on line 1c) See Part IV, line 18				
č		a				
<u>⊕</u>	ь	Less direct expenses b				
δ	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b c	Less direct expenses b Net income or (loss) from gaming activities]			
		Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory • Miscellaneous Revenue Business Code				
	11a	Priscentaneous Revenue Dusiness Code	-			
	b		+			
			+			
	d	All other revenue				
	e e	Total. Add lines 11a-11d				
		•				
	12	Total revenue. See Instructions	30,611,748	23,418,375	7,378	1,275,596

3

5

7

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 9,183,510 9,183,510 Grants and other assistance to governments, organizations, and individuals outside the United 234,928 234,928 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 757,091 757,091 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other Advertising and promotion . . . 12 Office expenses 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) INSTRUCTION 9,138,922 9,138,922 STUDENT SERVICES 5,042,214 5,042,214 INSTITUTIONAL SUPPORT 4,780,367 3,674,367 1,106,000 **AUXILIARY SERVICES** 3,985,821 3,985,821 d е All other expenses 2,823,416 2,823,416 25 Total functional expenses. Add lines 1 through 24f 35,946,269 30,408,811 4,431,458 1,106,000 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	rt X	Balance Sheet					<u> </u>			
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			2,390,278	1	2,719,590			
	2	Savings and temporary cash investments \ldots \ldots .			6,209,888	2	4,402,365			
	3	Pledges and grants receivable, net			7,292,964	3	6,506,751			
	4	Accounts receivable, net		575,645	4	463,048				
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of								
		Schedule L								
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and							
26		Schedule L				6				
Assets	7	Notes and loans receivable, net			1,774,867	7	1,719,518			
88	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	85,314,219	Э					
	b	Less accumulated depreciation	10b	42,109,28	38,830,191	10c	43,204,935			
	11	Investments—publicly traded securities				11				
	12	Investments—other securities See Part IV, line 11			158,901,342	12	143,807,961			
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11			619,501	15	843,471			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			216,594,676	16	203,667,639			
	17	Accounts payable and accrued expenses .			1,533,886	17	2,114,049			
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities			23,388,846	20	22,142,346			
	21	Escrow or custodial account liability Complete Part IV of Schedul	leD.	_	, ,	21	, ,			
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		•						
졅		persons Complete Part II of Schedule L				22				
Ï	23	Secured mortgages and notes payable to unrelated third parties		•	223,017	23	124,217			
	24	Unsecured notes and loans payable to unrelated third parties			838,143	24	789,488			
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	ed thir	d parties,						
	_	D			6,865,876		6,484,861			
	26	Total liabilities. Add lines 17 through 25			32,849,768	26	31,654,961			
Balances		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	olete li	ines 27						
<u>a</u>	27	Unrestricted net assets			51,664,157	27	49,887,150			
B	28	Temporarily restricted net assets			51,829,778	28	40,978,790			
Ξ	29	Permanently restricted net assets			80,250,973	29	81,146,738			
Fund		Organizations that do not follow SFAS 117, check here ► ☐ ar	nd com	plete						
ŏ		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
4	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32				
Net	33	Total net assets or fund balances			183,744,908	33	172,012,678			
_	34	Total liabilities and net assets/fund balances			216,594,676	34	203,667,639			

Par	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		30 <i>e</i>	511,748
2	Total expenses (must equal Part IX, column (A), line 25)	2			946,269
3	Revenue less expenses Subtract line 2 from line 1	3		-	34,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		183,7	44,908
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6,3	397,709
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		172,0	12,678
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII				
1		[Yes	No
_	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its chedule 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 on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

RANDOLPH COLLEGE

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

Public Charity Status and Public Support

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

Employer identification number

									54-0505			
	rt I			blic Charity Sta						nstructions	5	
he	organız			e foundation becaus								
1				on of churches, or as			=	o)(1)(A)(i).	•			
2	<u> </u>			I in section 170(b)(1								
3				perative hospital se								
4	Γ			n organization operat ty, and state	ed in conjun	iction with a	a hospital des	cribed in se	ction 170(b)	(1)(A)(iii).	Enter the	
5	Γ	=	•	erated for the benefit A)(iv). (Complete P	_	e or univers	ıty owned or o	perated by	a governmer	ital unit des	cribed in	
6	Г			local government or	•	tal unit dec	cribed in sect i	ion 170(h)(1)(A)(v)			
7	<u>'</u>			at normally receives						from the ger	eral nublu	_
•	'	described	d in	A)(vi) (Complete P		ar part or its	зарроге пош	a governin	ental unit of	nom the ger	ierai publi	_
8	Γ			described in section		A)(vi) (Co	mplete Part I	I)				
9 10 11 e		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).							ses of .Check her ons 1)or			
f g		check thi Since Au	s box gust 17, 2	received a written do						III support	ing organi	zation,
h		and (III) b (ii) a fam (iii) a 35	on who di elow, the ily membe % control	rectly or indirectly c governing body of th er of a person descri led entity of a persoing information about	e the suppor bed in (i) abo n described	rted organiz ove? in (i) or (ii)	zation? above?	persons de	scribed in (ii)	11 <u>0</u>	Yes g(i) g(ii) l(iii)	No
											_	
(i) Name of supported organizatio		of ted	ted EIN lines 1-9 abo ation or IRC secti		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) of suppoi	ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No		
										1		
Ota	1	J				1	1		I			

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			1		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								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135019853

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization	•	Employer identifica	tion number
KAI	NDOLFII COLLEGE		54-0505941	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts	. Complete if the
		(a) Donor advised funds	(b) Funds and o	ther accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		•	□ Voc. □ No.
D-	rt II Conservation Easements. Complete	if the oversament or answered "Vee" to	o Forms 000 Down IV	Yes No
1	Purpose(s) of conservation easements held by the or 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 qualiceasement on the last day of the tax year	rganization (check all that apply) on or pleasure) Preservation of an Preservation of a c	historically important certified historic struc	ly land area
	,		Held at the	End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	d by the organization	during
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and	┌ Yes
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🕨	
7	A mount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easements	s during the year	
8	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 sec	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial		
Par	Organizations Maintaining Collectio Complete if the organization answered	ns of Art, Historical Treasures,	or Other Similar	Assets.
1a	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	for public exhibition, education or research	ch in furtherance of pu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	18,659
	(ii) Assets included in Form 990, Part X		► \$	2,970,614
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provid	de the
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Hist	orical ⁻	Γreasι	ires, or O	<u>the</u>	<u>r Similar</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	followin	g that aı	re a significa	nt u	se of its co	llectio	n	
а	Public exhibition		d	✓ Loa	n or exc	hange progr	ams				
b	Scholarly research		e	▽ Oth	er INS	TRUCTION					
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	they furt	her the	organization	's ex	cempt purno	se in		
•	Part XIV	onections and explai	11 110 11	they fare	ner the	organization	3 6	cempt purpe	/3C III		
5	During the year, did the organization solicite assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	te ıf t	he orga	nızatıo			es" to For	m 990	0,	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	dıary f	or contro	butions	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollown	ng table		_		Г			
						-			Amo	unt	
c	Beginning balance					-	1c				
d	Additions during the year					-	1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete									-151	/ Dl-
1-	Reginning of year balance	(a)Current Year 146,270,420	(B)F	rior Year 134,963,9		wo Years Back 123,757,44	_	1) Three Years 152,92		e) Four Y	Years Back
1a h	Beginning of year balance	-146,106		779,5	_	6,603,09	-		3,391		
b c	Investment earnings or losses	-2,534,065		22,353,4		16,477,06	-	-20,67			
d	Grants or scholarships	3,824,704		3,777,4		3,389,36	_	•	1,898		
e	Other expenditures for facilities	5,847,441		5,815,0		6,324,27	_	•	8,045		
	and programs	5,5,		-,,-		-,,		.,	-,		
f	Administrative expenses	1,526,000		2,234,0	00	2,160,00	00	1,38	9,000		
g	End of year balance	132,392,104		146,270,4	20	134,963,96	55	123,75	7,448		
2	Provide the estimated percentage of the year	r end balance held a	s								
а	Board designated or quasi-endowment	25 000 %									
ь	Permanent endowment ► 75 000 %										
С	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	nat are he	eld and a	admınıstered	d for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•			.?		٠	$\cdot \cdot \cdot \cdot $	3b		<u> </u>
4	Describe in Part XIV the intended uses of the				10						
Pali	t VI Land, Buildings, and Equipme	ent. See Form 990	J, Par T	•					Т		
	Description of property			(a) Cost of basis (inve		(b)Cost or ot basis (othe		(c) Accumu depreciati		(d) Bo	ok value
1a	Land					498	,504				498,504
b	Buildings		. [54,088	,705	22,61	.2,584	3	1,476,121
c	Leasehold improvements		. [
d I	Equipment		.			21,627	,517	18,65	6,750		2,970,767
e	Other		. [9,099	,493	83	9,950		8,259,543
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	nn (B),	line 10(c).)			>		4	3,204,935
								Schedu	ıle D (Form 9	90) 2011

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12.		<u>-</u>
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives		COST OF CHA O	year marker varae
(2)Closely-held equity interests			
(3)Other	60.056.000		_
(A) EQUITIES	60,356,802		<u> </u>
(B) ALTERNATIVE INVESTMENTS	39,269,313		F
(C)BONDS	35,050,745		F
(C) BONDS	33,030,743		ı
(D) CASH AND CASH EQUIVALENTS	5,965,179		F
(E) REAL ESTATE	287,063		F
			_
(F) FUNDS HELD IN TRUST BY OTHERS	2,878,859		F
Total (Column (h) should agual Form 000, Bort V col (B) last 12.)	143,807,961		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See		3	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Description			(b) Book value
(a) Descrip-			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED INTEREST PAYABLE	163,879		
STUDENT DEPOSITS AND OTHER DEFERRED REVENUE	733,297		
POST-RETIREMENT HEALTHCARE BENEFIT	7 33,297		
OBLIGATION	540,993		
U S GOVERNMENT GRANTS REFUNDABLE	629,190		
TRUST AND ANNUITY OBLIGATIONS ASSET RETIREMENT OBLIGATION (ASBESTOS	2,742,344		
ABATEMENT)	1,675,158		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,484,861		

- 6	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,611,748
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,946,269
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,334,521
4	Net unrealized gains (losses) on investments	4	-6,196,576
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-201,133
9	Total adjustments (net) Add lines 4 - 8	9	-6,397,709
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,732,230
Part	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	14,795,601
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	-6,397,709
3	Subtract line 2e from line 1	3	21,193,310
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 9,418,438		
C	Add lines 4a and 4b	4 c	9,418,438
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,611,748
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,527,831
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	26,527,831
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	9,418,438
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,946,269
Par	t XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLEGE HAS AN EXTENSIVE ART COLLECTION WHICH IS MAINTAINED IN AN ART GALLERY UNDER CURATORIAL CARE AND IS USED FOR INSTRUCTION, PUBLIC EXHIBITION, SCHOLARLY RESEARCH, PRESERVATION FOR FUTURE GENERATIONS, AND LOAN AND EXCHANGE PROGRAMS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE OF DONOR-RESTRICTED FUNDS AND BOARDDESIGNATED FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE COLLEGE QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND, THEREFORE, IS NOT GENERALLY SUBJECT TO INCOME TAXES UNDER PRESENT TAX LAWS MANAGEMENT BELIEVES THAT ANY INCOME TAX LIABILITY RESULTING FROM UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2012 WOULD NOT HAVE A SIGNIFICANT IMPACT ON THE COLLEGE'S RESULTS OF ACTIVITIES THE FEDERAL FORM 990S OF THE COLLEGE FOR THE FISCAL YEARS 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON FUNDS HELD IN TRUST BY OTHERS -81,089 LOSS ON ASSET RETIREMENT OBLIGATION -52,084 LOSS ON DISPOSAL OF LAND, BUILDINGS, AND EQUIPMENT - 41,960 INTEREST RATE SWAP LIABILITY -26,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -201,133
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON FUNDS HELD IN TRUST BY OTHERS -81,089 LOSS ON ASSET RETIREMENT OBLIGATION -52,084 LOSS ON DISPOSAL OF LAND, BUILDINGS, AND EQUIPMENT - 41,960 INTEREST RATE SWAP LIABILITY -26,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT SCHOLARSHIPS/FINANCIAL AID 9,418,438
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT SCHOLARSHIPS/FINANCIAL AID 9,418,438

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DLN: 93493135019853

OMB No 1545-0047

2011

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

Schools

Name of the organization RANDOLPH COLLEGE

Employer identification number

54-0505941

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ł	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ŀ	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
€	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Voc	
	or New 1100 75 50, 1575 2 0 B 507, covering racial nonal semination. If No, explain on 1 at 11		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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE PUBLISHES ITS NONDICRIMINATORY POLICY IN ALL ADMISSIONS MATERIALS TO PROSPECTIVE STUDENTS AND ON ITS WEB SITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES GOVERNMENT ASSISTANCE FOR FINANCIAL AID TOTAL FEDERAL WORK STUDY (FWS) AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG) WERE \$177,185

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493135019853

2011

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

RANDOLPH COLLEGE

Employer identification number

54-0505941

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or									
_	assistance, the grantees' elig	_			_					
	the grants or assistance?		_	•		✓ Yes				
2	For grantmakers. Describe in Pa United States	rt V the organi	zatıon's procedu	res for monitoring the us	e of grant funds outside th	e				
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	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region				
	READING, ENGLAND	1	3	PROGRAM SERVICES	INSTRUCTION	374,128				
2-	Cub total	1	3			274 12				
	Sub-total Total from continuation sheets to Part I	0				374,12				
c	Totals (add lines 3a and 3b)	1	3			374,128				

Pai	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. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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 nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed. (d) A mount of (a) Type of grant or (b) Region (c) Number of (e) Manner of cash (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation assistance non-cash (book, FMV, assistance assistance appraisal, other) FINANCIAL AID EUROPE 19 234,928 INTERNAL TRANSFER TO APPLY FINANCIAL AID TO STUDENTS' ACCOUNTS RECEIVABLE

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

Schedule F (Form 990) 2011

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

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

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCOUNTING METHOD - ACCRUAL

Identifier	Return Reference	Explanation					
		SCHEDULE F, PART III ACCOUNTING METHOD - ACCRUAL					

Schedule F (Form 990) 2010

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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: 93493135019853

Inspection

Internal Revenue Service Name of the organization RANDOLPH COLLEGE

Schedule I

(Form 990)

Department of the Treasury ► Attach to Form 990

Employer identification number 54-0505941

Part II Grants and Other A Form 990, Part IV, lir Part IV and Schedule	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS	579	9,183,510		FMV	

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE COLLEGE MAINTAINS RECORDS TO ENSURE STUDENT FINANCIAL AID IS AWARDED TO ELIGIBLE STUDENTS BASED ON FEDERAL REGULATIONS OR DONOR RESTRICTIONS
		THE COLLEGE AWARDS GRANTS TO STUDENTS BASED ON CRITERIA SET FORTH IN THE INDIVIDUAL SCHOLARSHIPS "NEED BASED" GRANTS ARE AWARDED BASED ON INFORMATION OBTAINED FROM THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)

DLN: 93493135019853

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.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspection
Name of the organization RANDOLPH COLLEGE		Employer identi	fication number
Part I Ouestions Reg	arding Compensation	54-0505941	
Questions Reg	arding compensation		

		•		res	IN O
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any				
		ng allowance or residence for personal use			
	- <u></u>	ents for business use of personal residence			
	- <u> </u>	or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Perso	nal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization folloreimbursement orprovision of all the expenses described above? I		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or officers, directors, trustees, and the CEO/Executive Director, rega		2	Yes	
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply				
		n employment contract			
		ensation survey or study			
	Form 990 of other organizations Appro	val by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sectior a related organization	on A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualifie	ed retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compens	ation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	cable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete li	nes 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of				
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	e organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did th payments not described in lines 5 and 6? If "Yes," describe in Par		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured subject to the initial contract exception described in Regs section in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presection 53 $4958-6(c)$?		9		

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

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

Note. The sum of columns (B)(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	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN E KLEIN	(ı) (ıı)	307,545 0	0	7,046 0		31,716 0	346,307 0	0 0
(2) CHRISTOPHER L BURNLEY	(ı) (ıı)	135,700 0	0 0	0		32,310 0	168,010 0	0
(3) JAN MERIWETHER	(ı) (ıı)	137,742 0	3,000 0	0		32,584 0	173,326 0	 0 0
(4) DENNIS STEVENS	(ı) (ıı)	133,217 0	0 0	0		31,809 0	165,026 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

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493135019853

2011

Open to Public Inspection

Internal Revenue Service Name of the organization RANDOLPH COLLEGE

Department of the Treasury

Employer identification number

	54-0505941													
Pa	rt I Bond Issues	,		_										
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) Description of Purpose		(g) Defeased Be		(h) Beha Iss	alf of	(i) P financ	
									Yes	No	Yes	No Y	es	No
A	IDA THE CITY OF LYNCHBURG SERIES 2010	54-1225193		01-28-2010	7,542		EFUNDED PRIO SSUANCE	R BOND		X		x		X
В	EDA OF AMHERST COUNTY SERIES 2010	83-0477842		01-28-2010	5,681	,360 RE	FINANCE ANT	IC NOTE		Х		×		х
c	IDA THE CITY OF LYNCHBURG SERIES 2003	54-1225193	55123PAT7	06-05-2003	16,470		FUNDED PRIO SUANCE	R BOND		Х		×		х
Pa	rt III Proceeds					I								
					Α	1	E	3		С			D	
1	A mount of bonds retired													
	A mount of bonds defeased													
3	Total proceeds of issue				7,542,691 5,681,360			16,470,000						
4	Gross proceeds in reserve fur													
5	Capitalized interest from proc													
6	Proceeds in refunding escrow													
7	Issuance costs from proceed	s				92,691 81,360		0						
8	Credit enhancement from prod													
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro	ceeds												
11	O ther spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completio	n			20:	10	20	2010		2003				
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	t of a current refund	ing issue?		X		X		X					
15	Were the bonds issued as par	t of an advance refu	nding issue?			Х		Х			X			
16	Has the final allocation of pro-	ceeds been made?			Х		Х		Х					
17	Does the organization mainta allocation of proceeds?		ınd records to supp	oort the final	Х		Х		Х					
Pai	TIIII Private Business U	Jse												
					A A			3		C	N-		D	
					Yes	No	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

3 CHE	edule K (1 offil 990) 2011								Page Z
Par	Private Business Use (Continued)								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×		×		
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		•		•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the								

Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		х		х			
2	Is the bond issue a variable rate issue?	X		Х			Х		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		х		х		
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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		Х			

Procedures To Undertake Corrective Action

post-issuance compliance of its tax-exempt bond liabilities?

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

DLN: 93493135019853

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number RANDOLPH COLLEGE Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (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 IV	Business	Transactions	Involvina	Interested	Persons

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

Complete ii the organizatio	ii alisweled Tes Oli	TOTHI 330, Fait IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No
(1) MARC A SCHEWEL	FORMER TRUSTEE		INVESTMENTS FORMER TRUSTEE ALSO SERVES AS A LOCAL BOARD MEMBER OF SUNTRUST BANK WITH WHICH THE COLLEGE HAD INVESTMENTS AS OF JUNE 30, 2012 HOWEVER, THIS MEMBER IS NOT IN A POSITION TO EXERCISE INPUT, AUTHORITY, OR CONTROL OVER THESE ASPECTS OF SUNTRUST BANK'S RELATIONSHIP WITH THE COLLEGE		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493135019853

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

THE STATE OF THE S	
Name of the average	
Name of the organizati	on
RANDOLPH COLLEGE	

Employer identification number

_	- 4-			L	54-0505941			
Pa	rt I Types of Property	<u> </u>		<u> </u>				
		(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	_	
				1 g				
1	Art—Works of art	Х	2	18,000	OPINION OF EXPE	RTS		
2	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	24	240.616	COST OR SELLING	DDIC	F	
	Securities—Closely held stock .		27	240,010	COST ON SELLING	FRIC		
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Oualified conservation							
•	contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
L7	Real estate—Other							
L8	Collectibles							
L9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(<u>HORSES</u>)	Х	2	33,500	OPINION OF EXPE	RTS		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received				20			
	for which the organization compl	eted Form	8283, Part IV, Donee Ackr	nowledgement	29		l I	
	5				4 20 11 1 1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part i	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE		AS OF JUNE 30, 2012, THE COLLEGE HAS THREE PAINTINGS HELD FOR SALE UNDER AN ARRANGEMENT WITH CHRISTIE'S AUCTION HOUSE IN ADDITION, THE COLLEGE INFREQUENTLY RECEIVES JEWELRY AS PART OF AN ESTATE GIFT IN SUCH ISOLATED CIRCUMSTANCES, THE COLLEGE HAS UTILIZED A LOCAL JEWELRY COMPANY OR AN AUCTIONEER TO SELL THESE ITEMS

Schedule M (Form 990) 2011

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DLN: 93493135019853

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization RANDOLPH COLLEGE

Employer identification number

54-0505941

ldentifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART III, LINE 1	SINCE ITS FOUNDING IN 1891 AS RANDOLPH-MACON WOMAN'S COLLEGE, RANDOLPH COLLEGE HAS OFFERED STUDENTS A RIGOROUS EDUCATION IN THE LIBERAL ARTS AND SCIENCES IN KEEPING WITH ITS MOTTO, VITA ABUNDANTIOR, RANDOLPH COLLEGE PREPARES STUDENTS TO ENGAGE THE WORLD CRITICALLY AND CREATIVELY, LIVE AND WORK HONORABLY, AND EXPERIENCE LIFE ABUNDANTLY RANDOLPH COLLEGE ENCOURAGES EACH STUDENT TO SET AND MEET HIGH PERSONAL GOALS CAMPUS LIFE IS GROUNDED IN THE HONOR SYSTEM, WHICH FOSTERS INDIVIDUAL INTEGRITY AND MUTUAL TRUST AS STUDENTS FROM DIVERSE BACKGROUNDS STUDY AND LIVE TOGETHER, THEY ARE EXPECTED TO RESPECT THE RIGHTS AND DIGNITY OF OTHERS, TO BE OPEN TO CULTURAL DIFFERENCES, AND TO EXERCISE PERSONAL AND SOCIAL RESPONSIBILITY THEY ARE ENCOURAGED TO DEVELOP CONFIDENCE AND TO PARTICIPATE FULLY IN A COMMUNITY IN WHICH WOMEN AND MEN WORK TOGETHER AND TREAT ONE ANOTHER AS EQUALS THROUGH EXCELLENCE IN TEACHING, ADVISING, AND SCHOLARSHIP, THE FACULTY PROVIDES THE CHALLENGES REQUISITE TO THE INTELLECTUAL DEVELOPMENT OF EACH STUDENT WITH FACULTY SUPPORT, THE UNDERGRADUATE STUDENTS DESIGN INDIVIDUALIZED AND COHERENT PROGRAMS OF STUDY THAT COMBINE ACADEMIC AND CO-CURRICULAR COMPONENTS WHILE EACH STUDENTS EDUCATIONAL PLAN IS UNIQUE, ALL PROGRAMS OF STUDY FOSTER THESE CAPACITIES TO THINK CRITICALLY, TO WRITE AND SPEAK WITH CLARITY AND ACCURACY, TO EMPLOY QUANTITATIVE REASONING, TO UNDERSTAND KEY DIMENSIONS OF THE HERITAGE OF MORE THAN ONE SOCIETY, TO APPROACH PROBLEMS WITH CREATIVITY AND IMAGINATION, TO WORK BOTH INDEPENDANTLY AND COLLABORATIVELY, AND TO RECOGNIZE THE POWER AND LIMITATIONS OF KNOWLEDGE. THE GRADUATE STUDENTS PURSUE MORE NARROWLY FOCUSED PROGRAMS OF RIGOROUS STUDY DESIGNED TO ADD SPECIALIZED KNOWLEDGE TO HEIR UNDERGRADUATE EDUCATION. THE GRADUATE PROGRAMS ARE DIRECTED BY FACULTY MEMBERS WHO ARE ESPECIALLY KNOWLEDGEABLE ABOUT THE PROFESSIONAL STANDARDS TO BE MET BY THOSE WHO EARN ADVANCED DEGREES. THROUGH THEIR EXPERIENCES AT RANDOLPH COLLEGE, STUDENTS ARE CHALLENGED TO THINK AMBITIOUSLY AND TO PREPARE THOUGH THEIR EXPERI

Identifier	Return Reference	Explanation
		THE COLLEGE DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY DURING THE TAX YEAR THEREFORE, THERE WAS NO FORM 8899 REQUIRED ADDITIONALLY, THE COLLEGE DID NOT RECEIVE ANY CONTRIBUTION OF PROPERTY THAT WOULD REQUIRE THE COLLEGE TO FILE FORM 1098-C

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED BY THE DIRECTOR OF FINANCE, CONTROLLER, INTERIM V P FOR FINANCE AND ADMINISTRATION, AND COLLEGE PRESIDENT ALSO, THE FORM 990 WAS PROVIDED TO THE COLLEGE'S BOARD OF TRUSTEES FOR ITS REVIEW AND QUESTIONS AT THE MAY 2013 BOARD MEETING IN CONSIDERATION OF THE PRIVACY OF OUR DONORS, SCHEDULE B, "SCHEDULE OF CONTRIBUTORS" WAS OMITTED FROM THE 990 COPIES WHICH WERE PROVIDED TO THE GOVERNING BODY FOR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND OFFICERS REVIEW, COMPLETE, AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY THE SECRETARY OF THE BOARD MAINTAINS THESE DOCUMENTS VOTING MEMBERS OF THE BOARD RECUSE THEMSELVES FROM A VOTE IF A POTENTIAL CONFLICT OF INTEREST EXISTS IN A MATTER IF THERE IS A QUESTION ABOUT THE EXISTENCE OF A CONFLICT OF INTEREST, THE BY LAWS (ARTICLE 1, SECTION 8D) PROVIDE STANDARDS AND PROCEDURES FOR RESOLVING THE QUESTION IN ADDITION, ALL SENIOR STAFF MEMBERS, THE DIRECTOR OF FINANCE, AND THE CONTROLLER ARE REQUIRED TO REVIEW, COMPLETE, AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY THE SECRETARY OF THE BOARD ALSO MAINTAINS THESE DOCUMENTS

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION OF OFFICERS/KEY EMPLOYEES FOR ALL MEMBERS OF THE COLLEGES SENIOR STAFF AND THE PRESIDENT'S DIRECT REPORTS, THE DIRECTOR OF HUMAN RESOURCES PROVIDES COMPARATIVE COMPENSATION DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (CUPA) TO THE PRESIDENT THE PRESIDENT SHARES THIS INFORMATION WITH THE CHAIR OF THE BOARD OF TRUSTEES AND THE COMPENSATION COMMITTEE, AS NEEDED THIS INFORMATION IS REVIEWED DURING THE PERFORMANCE ASSESSMENT PROCESS TO DETERMINE SUCH EMPLOYEE'S COMPENSATION THE COLLEGES BOARD OF TRUSTEES (THE "BOARD") HIRED MERCER HUMAN RESOURCES CONSULTING ("MERCER") IN 2007 TO ASSIST IN DETERMINING THE REASONABLENESS OF THE INITIAL COMPENSATION FOR THE COLLEGE PRESIDENT USING APPROPRIATE PEER GROUP AND COMPARATIVE MARKET DATA, MERCER ISSUED AN OPINION AFFIRMING THE REASONABLENESS OF THE COMPENSATION PACKAGE THE ANALYSIS WAS COMPREHENSIVE, UTILIZING MANY SOURCES, INCLUDING THE FORM 990 OF OTHER INSTITUTIONS DURING THE SPRING OF 2009, THE PRESIDENT OF THE BOARD APPOINTED AN AD HOC COMPENSATION COMMITTEE, COMPRISING FOUR BOARD MEMBERS, INCLUDING THE CHAIR OF THE BOARD THIS COMMITTEE RECOMMENDS ANY COMPENSATION ADJUSTMENTS TO THE EXECUTIVE COMMITTEE OF THE BOARD AND THE RATIONALE THEREIN, AND ANY SUCH COMPENSATION ADJUSTMENTS ARE THEN APPROVED BY THE FULL BOARD THE COLLEGE HAS NOW AMENDED ITS BY LAWS TO ADD THE COMPENSATION COMMITTEE AS A PERMANENT STANDING COMMITTEE OF THE BOARD THE PRESIDENT ALSO HAS A WRITTEN EMPLOY MENT CONTRACT WHICH INCLUDES THE NECESSARY COMPENSATION PROVISIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE IS A PRIVATE INSTITUTION AND DOES NOT REGULARLY MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
GAIN ON SALE OF SECURITIES	FORM 990, PART VIII, LINES 7A TO 7D	DETAIL AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,196,576 LOSS ON FUNDS HELD IN TRUST BY OTHERS -81,089 LOSS ON ASSET RETIREMENT OBLIGATION -52,084 LOSS ON DISPOSAL OF LAND, BUILDINGS, AND EQUIPMENT -41,960 INTEREST RATE SWAP LIABILITY -26,000 TOTAL TO FORM 990, PART XI, LINE 5 -6,397,709

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DLN: 93493135019853

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public
Inspection

Internal Revenue Service								эрссио	
Name of the organization RANDOLPH COLLEGE					' '		tification number		
Part I Identification of Disregarded Entities (Com		n answered "Yes"	on Form 990,	Part I\	54-0505 V, line 33.				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income		(e) year assets		(f) Direct controlling entity		
(1) INVESTMENT PROPERTIES OF LYNCHBURG LLC 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503 54-1900543	COMMERCIAL REAL ESTATE	VA	23,400		620,268	N/A			
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete If the tax year.)	the organization	answered "Yes	5" on F	[:] orm 990,	, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Exempt Code section		(e) Public charity sta (if section 501(c)		status c)(3)) (f) Direct controlling entity		Section 5 cont	(g) 512(b)(13 trolled nization
(1) RMWC ALUMNAE AND RC ALUMNI ASSOC				-			<u> </u>	Yes	No
2500 RIVERMONT AVENUE LYNCHBURG, VA 24503 54-0350944	ALUMNAE(I) CONNECTIONS	VA 501(C)(3)			11A-TYPE 1		N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No 50	135Y				Schedule R (F	Form 990`) 2011

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

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

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

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

(6)

No	te. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	s No						
1 Durın	ng the tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Pai	ts II-IV?									
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No						
b Gr	ft, grant, or capital contribution to related organization(s)			11	•	No						
c Gif	c Gift, grant, or capital contribution from related organization(s)											
d Lo	d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) 1.											
e Lo												
f Sa	ile of assets to related organization(s)			1f	1	No						
g Pu	rchase of assets from related organization(s)			19	ı	No						
h Ex	change of assets with related organization(s)			11	1	No						
i Lea	i Lease of facilities, equipment, or other assets to related organization(s)											
j Lea	ase of facilities, equipment, or other assets from related organization(s)			1 j		No						
k Pe	k Performance of services or membership or fundraising solicitations for related organization(s)											
l Per	 Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 											
m Sh												
n Sh	naring of paid employees with related organization(s)			1r	Ye	3						
o Re	eimbursement paid to related organization(s) for expenses			10	Ye	5						
p Re	eimbursement paid by related organization(s) for expenses			11	•	No						
q 0 t	ther transfer of cash or property to related organization(s)			10	l	No						
r Ot	ther transfer of cash or property from related organization(s)			11	Ye	5						
	the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered rela	tionships and transact	cion thresholds								
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ involve		mount						
(1) RMWC	C ALUMNAE AND RC ALUMNI ASSOCIATION	М	47,142	FINANCIAL REPORT								
	C ALUMNAE AND RC ALUMNI ASSOCIATION	N	190,667	FINANCIAL REPORT								
(3) RMWC	C ALUMNAE AND RC ALUMNI ASSOCIATION	0	317,579	FINANCIAL REPORT								
(4) RMWC	C ALUMNAE AND RC ALUMNI ASSOCIATION	R	38,160	FINANCIAL REPORT								
(5)												

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 54-0505941

Name: RANDOLPH COLLEGE

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		(ition 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		
JO SIAH BUNTING III TRUSTEE	2 00	Х						0	0	0		
KATHARINE STARK CALDWELL TRUSTEE	2 00	х						0	0	0		
KAREN E CAMPBELL TRUSTEE	2 00	Х						0	0	0		
MARY LAURIE JOHNSON CECE TRUSTEE	2 00	Х						0	0	0		
PETER H DEAN TRUSTEE	2 00	Х						0	0	0		
REBECCA R DIXON TRUSTEE	2 00	Х						0	0	0		
REBECCA DUNN TRUSTEE	2 00	Х		х				0	0	0		
JULIE HUSTON ELLIS TRUSTEE	2 00	Х						0	0	0		
SUSAN BRASELTON FANT TRUSTEE	2 00	Х						0	0	0		
C THOMAS FAULDERS III TRUSTEE	2 00	Х		х				0	0	0		
CAROLYN B FEATHERINGILL TRUSTEE	2 00	Х						0	0	0		
SUSAN L GENOVESE TRUSTEE	2 00	Х						0	0	0		
DONALD M GILES TRUSTEE	2 00	Х						0	0	0		
CATHY HAVENER GREER TRUSTEE	2 00	Х						0	0	0		
LUCY WILLIAMS HOOPER TRUSTEE	2 00	Х						0	0	0		
ELIZABETH EARLE KOJAIAN TRUSTEE	2 00	Х						0	0	0		
ELIZABETH A MAFFEY TRUSTEE	2 00	Х						0	0	0		
MARIAN PHILLIPS MANCINI TRUSTEE	2 00	Х						0	0	0		
BARBARA N MCCARTHY TRUSTEE	2 00	Х						0	0	0		
CHARLES W PRYOR JR TRUSTEE	2 00	Х						0	0	0		
MARY M SCOVANNER TRUSTEE	2 00	Х						0	0	0		
MARY GRAY SHOCKEY TRUSTEE	2 00	Х						0	0	0		
CAROLINE A STEPHENS TRUSTEE	2 00	Х						0	0	0		
ALISON KELLER TOWNSEND TRUSTEE	2 00	Х						0	0	0		
ANNE W TUCKER TRUSTEE	2 00	Х						0	0	0		

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	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	week o = l = l 遺遺 organization (from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations							
JOHN E KLEIN COLLEGE PRESIDENT	40 00			х				314,591	0	31,716		
CHRISTOPHER L BURNLEY TREASURER/VP OF FINANCE	40 00			х				135,700	0	32,310		
WESLEY FUGATE SECRETARY/EXEC ASST TO PRESIDENT	40 00			х				37,534	0	8,552		
JAN MERIWETHER VP INSTITUTIONAL ADVANCEMENT	40 00					х		140,742	0	32,584		
DENNIS STEVENS VP ACAD AFFAIRS/DEAN OF THE COLLEGE	40 00					х		133,217	0	31,809		
SARAH L SWAGER VP STUDENT AFFAIRS/DEAN OF	40 00					Х		109,341	0	22,567		
SANDRA BARTHOLOMEW VP ENROLLMENT MANAGEMENT	40 00					х		109,142	0	22,510		