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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FERRUM COLLEGE  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 1000  City or town, state or country, and ZIP + 4 FERRUM, VA 24088  <b>F</b> Name and address of principal officer BOBBY W THOMPSON P O BOX 1000 FERRUM, VA 24088	<b>D</b> Employer identification number 54-0506457 <b>E</b> Telephone number (540) 366-4231 <b>G</b> Gross receipts \$ 53,703,562
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.FERRUM.EDU		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1914 <b>M</b> State of legal domicile VA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities FERRUM COLLEGE IS A 4 YEAR LIBERAL ARTS INSTITUTION FOUNDED ON CHRISTIAN PRINCIPLES AND RELATED TO THE UNITED METHODIST CHURCH IT IS OUR MISSION TO EDUCATE STUDENTS IN THE DISCIPLINES OF HIGHER LEARNING AND TO HELP THEM BE THOUGHTFUL AND PERCEPTIVE, TO BE ARTICULATE AND PROFESSIONALLY CAPABLE, AND TO BE CARING AND CONCERNED CITIZENS IN THEIR COMMUNITY, NATION, AND WORLD FERRUM COLLEGE FURTHERS IT COMMITMENT AS A CHARITABLE ORGANIZATION BY PROVIDING FINANCIAL ASSISTANCE TO ALL STUDENTS EXHIBITING NEED AS DETERMINED BY THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>		30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>		28
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>		1,484
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>		6
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>		151,868
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		-204,046
<b>Revenue</b>		<b>Prior Year</b>		<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	2,418,581		3,570,318
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	41,351,744		43,889,866
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	893,254		1,295,565
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	5,802,811		3,820,042
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	50,466,390		52,575,791
<b>Expenses</b>		14,853,186		16,948,481
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .			0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	18,471,602		19,913,358
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	14,548		48,729
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,069,812			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	11,586,353		12,047,957
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	44,925,689		48,958,525
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	5,540,701		3,617,266
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	100,097,838		105,110,578
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	29,929,425		32,700,742
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	70,168,413		72,409,836

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2013-02-05 Date	
	BOBBY W THOMPSON SR VP FOR ADMINISTRATION/TREASURER Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/> MARK WOOLWINE	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BROWN EDWARDS & COMPANY LLP 319 MCCLANAHAN ST ROANOKE, VA 24014	Preparer's taxpayer identification number (see instructions) P00647446	EIN <input type="checkbox"/> 54-0504608 Phone no <input type="checkbox"/> (540) 345-0936

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 FERRUM COLLEGE IS A LIBERAL ARTS INSTITUTION FOUNDED ON CHRISTIAN PRINCIPLES AND RELATED TO THE UNITED METHODIST CHURCH IT IS OUR MISSION TO EDUCATE STUDENTS IN THE DISCIPLINES OF HIGHER LEARNING AND TO HELP THEM BE THOUGHTFUL AND PERCEPTIVE, TO BE ARTICULATE AND PROFESSIONALLY CAPABLE, AND TO BE CARING AND CONCERNED CITIZENS IN THEIR COMMUNITY, NATION, AND WORLD WE THEREFORE COMMIT OURSELVES TO DEVELOPING THE WHOLE STUDENT, BOTH IN OPENNESS TO A WIDE RANGE OF INTELLECTUAL DISCOVERY, AND IN THE PHYSICAL, SPIRITUAL, AND SOCIAL ASPECTS OF LIFE OUR CAMPUS ENVIRONMENT SUPPORTS SERVICE TO OTHERS AND THE DEVELOPMENT OF A PERSONAL CODE OF VALUES TOWARD THESE ENDS, WE EXPECT ALL MEMBERS OF THE CAMPUS COMMUNITY TO TREAT EACH OTHER WITH COMPASSION, TO RESPECT EACH OTHER'S DIVERSE QUALITIES AND BACKGROUNDS, AND TO SUPPORT EACH OTHER IN THE COMMON PURSUIT OF INSIGHT AND DISCOVERY IN ALL THESE ENDEAVORS, WE ENCOURAGE ALL TO APPRECIATE EXCELLENCE AND TO DEDICATE THEMSELVES TO ACHIEVING IT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 25,184,141 including grants of \$ 16,948,481 ) (Revenue \$ 37,238,452 )  
 INSTRUCTION - FERRUM MAINTAINS A TRADITION OF OFFERING A COMPREHENSIVE ACADEMIC PROGRAM IN ACCORD WITH A LIBERAL ARTS CORE WE STRIVE TO PROVIDE EDUCATION AND TO MAXIMIZE STUDENTS' CHANCES FOR SUCCESS BY PROVIDING ONE-ON-ONE SUPPORT, INDIVIDUAL ATTENTION AND POSITIVE REINFORCEMENT THE CURRICULUM INCLUDES OPPORTUNITIES FOR CAREER PREPARATION AS WELL AS PERSONAL DEVELOPMENT IN ORDER TO HELP EACH STUDENT FULFILL HIS OR HER PERSONAL EDUCATIONAL GOALS FERRUM COLLEGE OFFERS 30 MAJORS AND 37 MINORS, AS WELL AS A STUDENT-FACULTY RATIO OF 17 1 THE COLLEGE STRIVES TO PROVIDE PRE-PROFESSIONAL LEARNING OPPORTUNITIES BY OFFERING A WIDE ARRAY OF INTERNSHIPS IN ITS MAJORS FERRUM STUDENTS GET HANDS-ON LEARNING EXPERIENCE DURING AN EXPERIENTIAL TERM, A THREE-WEEK SUMMER TERM THAT FOCUSES ON UNIQUE LEARN-BY-DOING EXPERIENCE

**4b** (Code ) (Expenses \$ 2,492,444 including grants of \$ ) (Revenue \$ 27,285 )  
 ACADEMIC SUPPORT - FERRUM STRIVES TO MAXIMIZE THE CHANCE FOR STUDENT SUCCESS BY PROVIDING ONE-ON-ONE SUPPORT THROUGH TUTORING, ACADEMIC ADVISING, ACADEMIC COUNSELING, COORDINATED STUDY GROUPS FOR MOST DISCIPLINES, INDIVIDUAL ATTENTION AND POSITIVE REINFORCEMENT THIS SERVICE IS PROVIDED BY THE ACADEMIC RESOURCE CENTER IN ADDITION, THE STANLEY LIBRARY SUPPLIES ITS PATRONS WITH INFORMATION AS EFFICIENTLY AS POSSIBLE IN SUPPORT OF THE ACADEMIC, CULTURAL, AND COMMUNITY SERVICE MISSION OF FERRUM COLLEGE TO FULFILL THIS PURPOSE THE LIBRARY MAINTAINS AN APPROPRIATE COLLECTION OF BOOKS, PERIODICALS, AND NON-PRINT MATERIALS ALONG WITH THE EQUIPMENT NECESSARY FOR THEIR USE THE LIBRARY ALSO PROVIDES ACCESS TO A FULL RANGE OF RESOURCE SHARING SERVICES SUPPORTING FACULTY AND STUDENT RESEARCH THE STATE CENTER FOR BLUE RIDGE FOLKLORE, FERRUM COLLEGE'S BLUE RIDGE INSTITUTE & MUSEUM HAS DOCUMENTED THE FOLKWAYS OF THE PEOPLE LIVING IN AND AROUND THE BLUE RIDGE MOUNTAINS THE INSTITUTION'S FOCUS ADDS A UNIQUE ELEMENT TO FERRUM COLLEGE'S MODERN ACADEMIC PROGRAMS THESE SERVICES ARE PROVIDED FREE OF CHARGE TO STUDENTS THE BLUE RIDGE INSTITUTE FARM MUSEUM IS AVAILABLE TO THE GENERAL PUBLIC FOR A SMALL FEE

**4c** (Code ) (Expenses \$ 6,482,534 including grants of \$ ) (Revenue \$ 58,311 )  
 STUDENT SERVICES - STUDENT LEADERSHIP AND ENGAGEMENT FACILITATES A DIVERSE CALENDAR OF EVENTS THAT ENHANCES AND COMPLIMENTS THE CURRICULUM AND CO-CURRICULUM, SUPPORTS CLUBS AND ORGANIZATIONS THAT NOT ONLY INVOLVE, BUT ENGAGES STUDENTS, AND PROMOTES SERVICE LEARNING ATHLETICS - FERRUM COLLEGE CONSIDERS INTERCOLLEGIATE ATHLETICS TO BE AN INTEGRAL PART OF THE COLLEGE EXPERIENCE AND SEEKS TO PROVIDE POSITIVE AND ENRICHING PROGRAMS THAT COMPLEMENT AND REINFORCE THE EDUCATIONAL PURSUITS, ACADEMIC SUCCESS, AND ATHLETIC EXCELLENCE OF STUDENT-ATHLETES ADMISSIONS PROMOTES FERRUM COLLEGE THROUGH VARIOUS MARKETING PROGRAMS INCLUDING MAILINGS, ATTENDANCE AT VARIOUS HIGH SCHOOL COLLEGE FAIRS, AND PERSONAL TOURS OF THE CAMPUS IN ORDER TO ENROLL STUDENTS FINANCIAL AID COMPLEMENTS THE ADMISSION'S PROCESS BY WORKING WITH FAMILIES TO SECURE FINANCIAL RESOURCES REQUIRED FOR ATTENDANCE REGISTRAR ASSISTS AS WELL BY VERIFYING THE ACADEMIC CREDENTIALS OF POTENTIAL STUDENTS AND THEN FOLLOWS THE STUDENT THROUGH THEIR ACADEMIC PROGRESS TO GRADUATION TRI-AREA COMMUNITY HEALTH CENTER AND CARILION EAP IS LOCATED ON CAMPUS TO PROVIDE HEALTH SERVICES TO STUDENTS

(Code ) (Expenses \$ 8,102,442 including grants of \$ ) (Revenue \$ 11,093,459 )  
 AUXILIARIES - THE TWO MAJOR AREAS OF AUXILIARIES ARE RESIDENCE LIFE AND DINING SERVICES RESIDENCE LIFE INCLUDES RESIDENTIAL FACILITIES AND STAFF THAT SUPPORT THE ON CAMPUS STUDENT HOUSING EXPERIENCE DINING SERVICES INCLUDES FOOD COST, STAFF THAT SUPPORT THE PREPARATION AND SERVING OF MEALS TO STUDENTS, FACULTY, AND STAFF AS WELL AS OTHER EXPENSES ASSOCIATED WITH THIS SERVICE SUBWAY AND PAPA JOHN'S ARE TWO FRANCHISES THAT PROVIDE ADDITIONAL DINING OPTIONS FOR DINING ON CAMPUS THERE ARE ALSO VARIOUS VENDING MACHINE LOCATIONS AND A NEWS CAFE SUMMER PROGRAMS THAT SUPPORT THE EDUCATION COMPONENT OF THE INSTITUTION ARE ALSO INCLUDED WITH THE UNRELATED PORTION REPORTED ON THE 990T THE BLUE RIDGE DINNER THEATER USES STUDENTS AND FACULTY IN DRAMA PRODUCTIONS OFFERED TO THE GENERAL PUBLIC RENTAL INCOME FROM FACULTY HOUSING IS PART OF THE AUXILIARY REVENUE AND EXPENSE

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 8,102,442 including grants of \$ ) (Revenue \$ 11,093,459 )

**4e Total program service expenses** \$ 42,261,561

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>10b</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? . . . . .	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 BARBARA D HATCHER  
 215 FERRUM MOUNTAIN ROAD RM 108  
 FERRUM, VA 24088  
 (540) 365-4231



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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							1,219,460	0	169,606	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAY JONES & ASSOCIATES 6403 THRASHER WAY MECHANICSVILLE, VA 23111	STUDENT INSURANCE	124,254

**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 **1**

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	3,120				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	1,032,685				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,534,513				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>116,138</u>					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	3,570,318				
<b>Program Service Revenue</b>	<b>2a</b>	TUITION & FEES	611310	37,237,429	37,237,429		
	<b>b</b>	AUXILIARY REVENUE	611710	5,979,007	5,979,007		
	<b>c</b>	OTHER	900099	440,331	440,331		
	<b>d</b>	EDUCATIONAL ACTIVITIES	721000	233,099	104,662	128,437	
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		43,889,866			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,119,331		1,119,331	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities		233,098		
			(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses		56,864			
<b>c</b>	Gain or (loss)		176,234				
<b>d</b>	Net gain or (loss) . . . . . ▶		176,234	176,234			
<b>8a</b>	Gross income from fundraising events (not including \$ <u>3,120</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	46,185				
		<b>b</b>	17,287				
		<b>c</b>	Net income or (loss) from fundraising events . . ▶	28,898		28,898	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b>					
		<b>c</b>	Net income or (loss) from gaming activities . . ▶				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	5,556,895				
		<b>b</b>	1,053,620				
		<b>c</b>	Net income or (loss) from sales of inventory . . ▶	4,503,275	4,479,844	23,431	
	Miscellaneous Revenue	Business Code					
<b>11a</b>	CHANGE IN FUNDS HELD I	900099	-712,131			-712,131	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		-712,131				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		52,575,791	48,417,507	151,868	436,098	

**Part IX Statement of Functional Expenses**

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

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	16,948,481	16,948,481		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	676,997	180,465	496,532	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	15,457,871	12,934,591	1,874,220	649,060
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	633,943	493,687	107,142	33,114
<b>9</b>	Other employee benefits . . . . .	2,051,538	1,466,016	553,916	31,606
<b>10</b>	Payroll taxes . . . . .	1,093,009	894,502	152,220	46,287
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	109,807		109,807	
<b>c</b>	Accounting . . . . .	71,556		71,556	
<b>d</b>	Lobbying . . . . .	1,950		1,950	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	48,729			48,729
<b>f</b>	Investment management fees . . . . .	64,725		64,725	
<b>g</b>	Other . . . . .	478,908	356,506	122,402	
<b>12</b>	Advertising and promotion . . . . .	24,883	10,683	14,200	
<b>13</b>	Office expenses . . . . .	1,255,895	950,085	172,125	133,685
<b>14</b>	Information technology . . . . .	446,746	76,466	370,280	
<b>15</b>	Royalties . . . . .	5,422	5,422		
<b>16</b>	Occupancy . . . . .	3,160,271	3,065,512	93,259	1,500
<b>17</b>	Travel . . . . .	570,516	474,579	77,502	18,435
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	34,753	19,841	14,912	
<b>20</b>	Interest . . . . .	13,897	13,897		
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,426,635	2,328,373	98,262	
<b>23</b>	Insurance . . . . .	606,572	70,482	536,090	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	PROGRAM	763,819	583,242	87,762	92,815
<b>b</b>	EQUIPMENT MAINTENANCE	361,356	273,288	83,216	4,852
<b>c</b>	STUDENT SEARCH	210,391	210,391	0	0
<b>d</b>	MEMBERSHIP DUES	163,376	29,297	126,429	7,650
<b>e</b>					
<b>f</b>	All other expenses	1,276,479	875,755	398,645	2,079
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	48,958,525	42,261,561	5,627,152	1,069,812
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	157,649	<b>1</b>	2,344,901
	<b>2</b> Savings and temporary cash investments . . . . .	3,150,618	<b>2</b>	2,039,266
	<b>3</b> Pledges and grants receivable, net . . . . .	465,059	<b>3</b>	360,052
	<b>4</b> Accounts receivable, net . . . . .	340,126	<b>4</b>	364,426
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,601,794	<b>7</b>	1,420,774
	<b>8</b> Inventories for sale or use . . . . .	350,518	<b>8</b>	355,594
	<b>9</b> Prepaid expenses and deferred charges . . . . .	265,622	<b>9</b>	516,788
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	85,396,514		
	<b>b</b> Less accumulated depreciation . . . . .	27,357,915	<b>10c</b>	58,038,599
	<b>11</b> Investments—publicly traded securities . . . . .	27,430,523	<b>11</b>	25,620,211
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,704,549	<b>12</b>	2,128,622
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	12,545,489	<b>15</b>	11,921,345
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	100,097,838	<b>16</b>	105,110,578	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,286,949	<b>17</b>	1,590,282
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	850,413	<b>19</b>	746,041
	<b>20</b> Tax-exempt bond liabilities . . . . .	5,185,650	<b>20</b>	8,742,900
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	19,896,491	<b>23</b>	19,567,380
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	1,078,779	<b>24</b>	1,408,612
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	631,143	<b>25</b>	645,527	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	29,929,425	<b>26</b>	32,700,742	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	30,912,241	<b>27</b>	35,071,301
	<b>28</b> Temporarily restricted net assets . . . . .	6,145,418	<b>28</b>	4,565,062
	<b>29</b> Permanently restricted net assets . . . . .	33,110,754	<b>29</b>	32,773,473
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	70,168,413	<b>33</b>	72,409,836	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	100,097,838	<b>34</b>	105,110,578	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	52,575,791
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,958,525
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,617,266
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	70,168,413
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-1,375,843
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	72,409,836

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FERRUM COLLEGE

Employer identification number

54-0506457

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization FERRUM COLLEGE

Employer identification number

54-0506457

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

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

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

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

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

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

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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		100
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,607
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		1,950
<b>j</b> Total lines 1c through 1i			12,657
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	PART 11-B, LINE 1D CONSERVATIVE ESTIMATE FOR STATIONARY AND POSTAGE FOR VARIOUS CORRESPONDENCE PART 11-B, LINE 1G INCLUDES ALLOCATION OF EMPLOYEE COMPENSATION, MEALS, LODGING, AND TRANSPORTATION EXPENSE ASSOCIATED WITH SPECIFIC MEETINGS OR EVENTS PART 11-B, LINE 1I FERRUM COLLEGE IS A MEMBER OF THE COUNCIL OF INDEPENDENT COLLEGES OF VIRGINIA (CICV) STAFF AT CICV ESTIMATE THAT 11 48% OF OUR MEMBERSHIP DUES OF \$16,988 33 FUND LOBBYING ACTIVITIES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization FERRUM COLLEGE

Employer identification number 54-0506457

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

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

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$ 92,840
(ii) Assets included in Form 990, Part X \$ 92,840

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	41,512,213	35,837,863	32,621,721	42,667,686	
<b>b</b> Contributions . . . . .	336,210	231,232	390,777	390,013	
<b>c</b> Investment earnings or losses . . . . .	-923,556	7,881,203	3,943,458	-8,720,613	
<b>d</b> Grants or scholarships . . . . .	835,757	614,144	338,212	639,299	
<b>e</b> Other expenditures for facilities and programs . . . . .	546,090	1,665,968	614,603	894,218	
<b>f</b> Administrative expenses . . . . .	141,376	157,973	165,278	181,848	
<b>g</b> End of year balance . . . . .	39,401,644	41,512,213	35,837,863	32,621,721	

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

- a** Board designated or quasi-endowment **▶** 8 700 %
- b** Permanent endowment **▶** 83 100 %
- c** Term endowment **▶** 8 200 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		462,502		462,502
<b>b</b> Buildings . . . . .		68,223,943	19,081,383	49,142,560
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		11,437,601	6,011,194	5,426,407
<b>e</b> Other . . . . .		5,272,468	2,265,338	3,007,130
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				58,038,599

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ENDOWMENT HELD IN TRUST BY OTHERS	11,785,329
(2) DEFERRED LOAN COST, NET OF ACCUMULATED AMORTIZATION	136,016
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	11,921,345

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY OBLIGATIONS	196,461
AMOUNTS HELD ON BEHALF OF OTHERS	87,752
ASSET RETIREMENT OBLIGATIONS	361,314
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	645,527

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	52,575,791
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	48,958,525
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	3,617,266
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-1,375,843
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-1,375,843
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	2,241,423

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	35,257,649
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-1,375,843
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	1,070,907
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-304,936
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	35,562,585
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	64,725
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	16,948,481
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	17,013,206
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	52,575,791

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	33,016,226
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	1,070,907
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,070,907
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	31,945,319
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	64,725
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	16,948,481
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	17,013,206
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	48,958,525

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE MAJORITY OF OUR FINE ARTS ARE LOCATED AT THE BLUE RIDGE INSTITUTE WHICH IS A MUSEUM OF ARTIFACTS EXHIBITING THE HISTORY AND CULTURE OF COMMUNITIES IN THE BLUE RIDGE MOUNTAINS THIS COLLECTION PROVIDES EDUCATION FOR STUDENTS AND THE PUBLIC AND PRESERVES THE TRADITIONS OF THE AREA FOR FUTURE GENERATIONS THE COLLEGE ALSO HAS AN ART COLLECTION THAT IS USED BY THE ART DEPARTMENT AS AN EDUCATIONAL TOOL AND IS ALSO DISPLAYED THROUGHOUT CAMPUS FOR PUBLIC APPRECIATION THERE IS ALSO AN AMERICAN BRILLIANT CUT GLASS COLLECTION THAT IS SECURELY DISPLAYED FOR PUBLIC APPRECIATION THE 1924 FORD MODEL 3T IS CURRENTLY ON LOAN TO THE VIRGINIA MUSEUM OF TRANSPORTATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT PROVIDES SUPPORT FOR SCHOLARSHIPS AND OTHER OPERATING EXPENSES INCLUDING FACULTY DEVELOPMENT, MAINTENANCE, AND DEBT SERVICE TO NAME A FEW THE COLLEGE CONTINUES TO APPLY PRUDENCE WHEN SPENDING FROM THE ENDOWMENT BY ONLY SPENDING ON FUNDS NOT "UNDERWATER" OF THE AMOUNT EXPENDED FOR 2011-12, 60% FUNDED SCHOLARSHIPS, 1 6% FUNDED ANNUITY PAYMENTS, AND THE REMAINING 38 4% FUNDED OTHER OPERATING COSTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE 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 XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 17,287 COST OF GOODS SOLD 1,053,620
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS & OTHER ASSISTANCE TO INDIVIDUALS IN US 16,948,481
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 17,287 COST OF GOODS SOLD 1,053,620
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANTS & OTHER ASSISTANCE TO INDIVIDUALS IN US 16,948,481

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

**Schools**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FERRUM COLLEGE

**Employer identification number**

54-0506457

**Part I**

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

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	FERRUM COLLEGE PUBLICIZES ITS RACIALLY NON DISCRIMINATORY POLICY ON THE WEBSITE AS WELL AS ADMISSIONS VIEWBOOK, NON ACCEPTANCE CORRESPONDENCE, OTHER ADMISSIONS MATERIAL AND "FM", THE FERRUM COLLEGE MAGAZINE. STUDENT ENROLLMENT DATA FROM FALL 2012 IS EVIDENCE OF A WELL KNOWN NON - DISCRIMINATORY POLICY BASED ON CAUCASIAN POPULATION OF ONLY 53.9% OF TOTAL ENROLLMENT.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	FERRUM COLLEGE RECEIVES STUDENT FINANCIAL AID FROM THE FEDERAL AND STATE GOVERNMENT AS WELL AS VARIOUS GRANTS AWARDED TO THE COLLEGE BASED ON GRANT PROPOSALS SUBMITTED FROM THE COLLEGE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization FERRUM COLLEGE

Employer identification number 54-0506457

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows for AWB & ASSOC and GLENN DILLON.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>BEEF RAFFLE</b> (event type)	<b>GOLF TOURNAMENT</b> (event type)	<b>1</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	22,205	7,206	6,385	35,796
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	22,205	7,206	6,385	35,796
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	1,000	900		1,900
	<b>5</b> Non-cash prizes . . . . .		539		539
	<b>6</b> Rent/facility costs . . . . .		1,846		1,846
	<b>7</b> Food and beverages . . . . .		3,194	5,059	8,253
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	618			618
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 13,156 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				22,640	

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

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

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

**b** If "No," Explain \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_

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

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

Identifier	ReturnReference	Explanation
	PART 1, LINE 2B (I(V))	AWB & ASSOCIATES WAS HIRED TO SOLICIT GRANTS AND GIFTS FOR THE COLLEGE WITH SPECIAL FOCUS ON OBJECTIVES OF THE CENTENNIAL CAMPAIGN AND TO CONDUCT GENERAL PROMOTIONAL ACTIVITIES ON BEHALF OF THE COLLEGE GLENN DILLON WAS HIRED TO COMPLETE A FEASIBILITY STUDY IN SUPPORT OF THE CENTENNIAL CAMPAIGN



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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS	1568	16,948,481	0	FMV	N/A

**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
		THE INSTITUTION AWARDS GRANTS TO STUDENTS BASED ON CRITERIA SET FORTH IN THE INDIVIDUAL SCHOLARSHIPS THIS CRITERIA IS EXPLAINED IN THE 2011-12 COLLEGE CATALOG BEGINNING ON PAGE 35 ANY "NEED BASED" GRANT IS BASED ON THE INFORMATION OBTAINED FROM THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FERRUM COLLEGE

Employer identification number  
54-0506457

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR JENNIFER L BRAATEN	(i)	283,968	0	9,060	70,280	10,781	374,089	0
	(ii)	0	0	0	0	0	0	0
(2) DR LESLIE T LAMBERT	(i)	159,170	0	584	11,287	6,888	177,929	0
	(ii)	0	0	0	0	0	0	0
(3) DR DOUGLAS E CLARK	(i)	140,533	0	744	9,936	6,228	157,441	0
	(ii)	0	0	0	0	0	0	0
(4) DR CHRISTINE STINSON	(i)	144,115	0	432	9,217	6,228	159,992	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS - CONTRACTUALLY, THE COLLEGE WILL PAY THE TRAVEL EXPENSES OF THE PRESIDENT'S FAMILY INCURRED WHEN THEY ACCOMPANY HER WHILE SHE IS REPRESENTING THE COLLEGE OR ATTENDING PROFESSIONAL MEETINGS. THE MAXIMUM AMOUNT ALLOWABLE IS \$10,000.00 PER FISCAL YEAR. THESE EXPENSES ARE CONSIDERED TAXABLE INCOME FOR THE PRESIDENT. THE AMOUNT REPORTED ON HER W-2 FOR CALENDAR YEAR ENDING 2011 WAS \$5,835. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AND IS PROVIDED A HOUSE WHICH IS ALSO USED TO ENTERTAIN GUESTS AT THE COLLEGE AND TO HOLD VARIOUS COLLEGE FUNCTIONS. THE ESTIMATED AMOUNT OF PERSONAL USE WOULD BE \$7,920.00. THIS IS NOT CONSIDERED TAXABLE INCOME, CONSEQUENTLY IT IS NOT REPORTED ON THE W-2.
	PART I, LINE 4B	DURING THE 2011-2012 FISCAL YEAR A \$50,000 CONTRIBUTION TO A DEFERRED 457F PLAN WAS MADE FOR DR JENNIFER BRAATEN.

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FERRUM COLLEGE

Employer identification number

54-0506457

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	INDUSTRIAL DEV AUTH FLOYD COUNTY VA	54-0525213	NONEAVAIL	07-14-2008	6,000,000	CONSTRUCTION OF NEW RESIDENCE HALL, RENOVATION OF E BASSETT RESIDENCE HALL		X	X			X
<b>B</b>	INDUSTRIAL DEV AUTH FRANKLIN COUNTY VA	54-1371756	NONEAVAIL	12-27-2010	4,000,000	CONSTRUCTION OF ATHLETIC FACILITY (HANK NORTON CENTER)		X	X			X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired								
<b>2</b>	Amount of bonds defeased								
<b>3</b>	Total proceeds of issue		6,000,000		4,000,000				
<b>4</b>	Gross proceeds in reserve funds								
<b>5</b>	Capitalized interest from proceeds								
<b>6</b>	Proceeds in refunding escrow								
<b>7</b>	Issuance costs from proceeds								
<b>8</b>	Credit enhancement from proceeds								
<b>9</b>	Working capital expenditures from proceeds								
<b>10</b>	Capital expenditures from proceeds		6,000,000		4,000,000				
<b>11</b>	Other spent proceeds								
<b>12</b>	Other unspent proceeds								
<b>13</b>	Year of substantial completion	2008		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue?		X		X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b>	Has the final allocation of proceeds been made?	X		X					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X		X				
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X				
<b>d</b> 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?								
<b>4</b> 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								
<b>5</b> 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								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

**Part IV Arbitrage**

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

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information**

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

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

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization FERRUM COLLEGE

Employer identification number 54-0506457

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DANNY PERDUE	TRUSTEE	114,621	PURCHASE FUEL FOR COLLEGE FLEET AND MISCELLANEOUS SUPPLIES		No
(2) WES ASTIN	BROTHER OF TRUSTEE	97,036	COMPENSATION AS EMPLOYEE		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
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization FERRUM COLLEGE

Employer identification number 54-0506457

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 8

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

**Part II**

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	LINE 1 THE QUANTITY REPRESENTS THE NUMBER OF INDIVIDUAL ITEMS RECEIVED, 12 PIECES OF AMERICAN CUT GLASS APPRAISED AT \$21,110 AND A WESLEYAN COLLECTION (SEVERAL DIFFERENT ITEMS) APPRAISED AT \$41,760 LINE 4 BOOK COLLECTION VALUED BY DONOR AT \$5,000 LINE 6 ONE 1924 FORD MODEL T3 DR TOURING CAR APPRAISED AT \$25,000 LINE 9 FIVE SEPARATE STOCK GIFTS VALUED USING THE AVERAGE OF THE HIGH AND LOW PRICES ON THE DATE OF THE GIFT THE VALUES WERE \$1,043, \$920, \$2,516, \$5,909, \$1,220 LINE 18 MUSIC COLLECTION APPRAISED AT \$4,970

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
FERRUM COLLEGE

**Employer identification number**

54-0506457

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPRISED OF A MINIMUM OF ELEVEN MEMBERS OF THE BOARD OF TRUSTEES THEY ARE THE CHAIR OF THE BOARD, THE 1ST AND 2ND CHAIRS, THE SECRETARY, IMMEDIATE PAST CHAIR, CHAIRS OF EACH COMMITTEE, AND TWO MEMBERS-AT-LARGE THEY ARE VESTED WITH ALL POWERS OF THE BOARD OF TRUSTEES CONCERNING ANY MATTERS WHICH SHALL NOT HAVE BEEN ACTED UPON BY THE BOARD OF TRUSTEES, EXCEPT TO APPROVE AN AMENDMENT TO THE ARTICLES OF INCORPORATION, OR BY LAWS, OR A PLAN OF MERGER OR CONSOLIDATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	SIX NOMINATED BY UNITED METHODIST WOMEN (UMW) OF THE VIRGINIA ANNUAL CONFERENCE (VAC) AND ONE EX-OFFICIO MEMBER (THE UMW PRESIDENT), FOUR NOMINATED BY THE BOARD OF GLOBAL MINISTRIES OF THE VAC, REMAINDER NOMINATED BY TRUSTEE COMMITTEE OF THE BOARD OF TRUSTEES, FIVE EX-OFFICIO TRUSTEES SHALL SERVE WITH THE VOTE - THEY ARE 1) IMMEDIATE PAST CHAIR, 2) PRESIDENT OF FERRUM COLLEGE ALUMNI ASSOCIATION, 3) RESIDENT BISHOP OF THE VAC OF THE UNITED METHODIST CHURCH (UMC), 4) SUPERINTENDENT OF THE DANVILLE DISTRICT OF THE UMC, 5) AND THE SUPERINTENDENT OF THE ROANOKE DISTRICT OF THE UMC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ALL THE ELECTIVE TRUSTEES MENTIONED IN 7A SHALL BE ELECTED BY THE VAC OF THE UMC THIS DOES NOT INCLUDE THE FIVE EX-OFFICIO TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES WOULD ACCEPT RESPONSIBILITY FOR DETAIL REVIEW OF THE 990 AND AFTER THEIR REVIEW, THE 990 WOULD BE MADE AVAILABLE ON THE WEBSITE TO THE FULL BOARD OF TRUSTEES FOR A LIMITED TIME PRIOR TO FILING THIS ACCESS WOULD BE A SECURE SITE AND PASSWORD PROTECTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	FERRUM COLLEGE HAS POLICIES FOR REGULARLY AND CONSISTENTLY MONITORING POTENTIAL CONFLICTS OF INTEREST FOR THE GOVERNING BOARD AND EMPLOYEES. IN BOTH CASES, AT A MINIMUM BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORMS WHICH REQUIRE NOTICE OF POTENTIAL CONFLICT OF INTEREST IF IT SHOULD ARISE WITHIN THE ANNUAL REPORTING. THIS NOTICE WOULD BE PROVIDED TO THE CHAIR OF THE BOARD IF FROM A TRUSTEE OR THE DIRECTOR OF HUMAN RESOURCES IF AN EMPLOYEE. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE CONFLICT OF INTEREST POLICY AS IT RELATES TO THE BOARD OF TRUSTEES TO ENSURE THAT POTENTIAL CONFLICTS ARE ADEQUATELY RESOLVED AND DOCUMENTED. THEY ALSO REVIEW RELATED PARTY TRANSACTION OF BOARD MEMBERS. THE PRESIDENT HAS DELEGATED THE RESPONSIBILITY OF OVERSIGHT OF THE EMPLOYEE CONFLICT OF INTEREST POLICY TO THE DIRECTOR OF HUMAN RESOURCES AND THE VICE PRESIDENTS FOR THE FUNCTIONAL AREAS OF THE COLLEGE. IF A BOARD MEMBER IS DEEMED TO HAVE A CONFLICT OF INTEREST HE OR SHE SHALL BE DISQUALIFIED FROM VOTING ON ANY MATTER THAT PRESENTS A CONFLICT UNLESS SUCH DISQUALIFICATION HAS BEEN WAIVED BY THE BOARD OR EXECUTIVE COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN ESTABLISHING COMPENSATION FOR THE PRESIDENT, THE EXECUTIVE COMMITTEE OF THE BOARD OBTAINS COMPARATIVE DATA FROM SIMILAR INSTITUTIONS, CONDUCTS AN ANNUAL REVIEW OF PERFORMANCE, AND MAY USE SERVICES OF A FIRM SPECIALIZING IN COMPENSATION AND BENEFITS FOR EXECUTIVE OFFICERS. NOTES REGARDING COMPENSATION DISCUSSIONS ARE MADE BY THE CHAIR OF THE BOARD, A MEMBER OF THE EXECUTIVE COMMITTEE, AND PRESENTED VERBALLY DURING AN EXECUTIVE SESSION OF FULL BOARD IN WHICH THE FULL BOARD VOTES FOR/AGAINST THE RECOMMENDATION BY THE COMMITTEE. THIS PROCESS LAST OCCURRED IN MAY 2012. THE PRESIDENT'S ADMINISTRATIVE COUNCIL RECEIVES NORMAL BUDGETED INCREASES. IF THE PRESIDENT DETERMINES THAT AN ADDITIONAL INCREASE IS DESERVED, SHE REVIEWS COMPARABLE SALARY DATA PREPARED BY YAFFE & COMPANY WHEN ESTABLISHING AN AMOUNT. SHE REPORTS THE ADMINISTRATIVE COUNCIL COMPENSATION TO THE EXECUTIVE COMMITTEE AT THE SPRING MEETING. THIS LAST OCCURRED IN MAY 2012.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,375,843

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
FERRUM COLLEGE

**Employer identification number**

54-0506457

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ROBERTS-BECKHAM LLC PO BOX 1000 FERRUM, VA 24088 54-0506457	REAL ESTATE DEVELOPMENT	VA	0	0	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BLUE RIDGE FOUNDATION INC PO BOX 1000 FERRUM, VA 24088 54-1855679	CULTURAL HISTORICAL EDUCATION AND PRESERVATION	VA	501(C)(3)	7	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) R-B LP PO BOX 1000 FERRUM, VA 24088 20-5868861	REAL ESTATE DEVELOPMENT	VA	ROBERTS-BECKHAM LLC	INVESTMENT INCOME				No		Yes		1 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) RS MOORE TESTAMENTARY TRUST FBO FERRUM COLLEGE	SUPPORT OF CHARITABLE PURPOSE OF FERRUM COLLEGE	VA	N/A	T			

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
  
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
  
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
  
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> RS MOORE TESTAMENTARY TRUST FBO FERRUM COLLEGE	R	549,135	CASH
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**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**

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 54-0506457  
**Name:** FERRUM COLLEGE

## Form 990, Special Condition Description:

### Special Condition Description

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

### 4d. Other program services

(Code ) (Expenses \$ 8,102,442 including grants of \$ ) (Revenue \$ 11,093,459 )

AUXILIARIES - THE TWO MAJOR AREAS OF AUXILIARIES ARE RESIDENCE LIFE AND DINING SERVICES RESIDENCE LIFE INCLUDES RESIDENTIAL FACILITIES AND STAFF THAT SUPPORT THE ON CAMPUS STUDENT HOUSING EXPERIENCE DINING SERVICES INCLUDES FOOD COST, STAFF THAT SUPPORT THE PREPARATION AND SERVING OF MEALS TO STUDENTS, FACULTY, AND STAFF AS WELL AS OTHER EXPENSES ASSOCIATED WITH THIS SERVICE SUBWAY AND PAPA JOHN'S ARE TWO FRANCHISES THAT PROVIDE ADDITIONAL DINING OPTIONS FOR DINING ON CAMPUS THERE ARE ALSO VARIOUS VENDING MACHINE LOCATIONS AND A NEWS CAFE SUMMER PROGRAMS THAT SUPPORT THE EDUCATION COMPONENT OF THE INSTITUTION ARE ALSO INCLUDED WITH THE UNRELATED PORTION REPORTED ON THE 990T THE BLUE RIDGE DINNER THEATER USES STUDENTS AND FACULTY IN DRAMA PRODUCTIONS OFFERED TO THE GENERAL PUBLIC RENTAL INCOME FROM FACULTY HOUSING IS PART OF THE AUXILIARY REVENUE AND EXPENSE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL L LIONBERGER JR CHAIR OF THE BOARD OF TRUSTEES	1 00	X		X				0	0	0
PETER CLEMENTS 1ST VICE CHAIR & CHAIR, BUSINESS AFFAIRS COMM	80	X		X				0	0	0
GLENN F THOMSEN 2ND VICE CHAIR	80	X		X				0	0	0
PEGGY A OAKES SECRETARY	80	X		X				0	0	0
S KELLY HERRICK CHAIR, ACAD AFF & TECH COMM & IM PST CHAIR	80	X		X				0	0	0
CRAIG L RASCOE CHAIR, AUDIT COMMITTEE	80	X		X				0	0	0
ROBERT TODD CHAIR, INSTITUTIONAL ADVANCEMENT	80	X		X				0	0	0
WALTER C AYERS CHAIR, INVESTMENT COMMITTEE	80	X		X				0	0	0
DR NATHANIEL L BISHOP CHAIR, STUDENT AFF & ENROLLMENT	80	X		X				0	0	0
DR NANCY V DYE MEMBER-AT-LARGE	50	X						0	0	0
DANNY M PERDUE MEMBER-AT-LARGE	50	X						0	0	0
J BERNICE COBBS TRUSTEE	50	X						0	0	0
THELMA B CROWDER TRUSTEE	50	X						0	0	0
ELIZABETH B DICKERSON TRUSTEE	50	X						0	0	0
BETTY FORBES TRUSTEE	50	X						0	0	0
KENNETH GASSMAN TRUSTEE	50	X						0	0	0
ELIZABETH T GREER TRUSTEE	50	X						0	0	0
DR ELIZABETH HAIRFIELD TRUSTEE	50	X						0	0	0
OLIVIA HINTON TRUSTEE	50	X						0	0	0
DR JANINE HOWARD TRUSTEE	50	X						0	0	0
DR STEPHEN C HUNDLEY TRUSTEE	50	X						0	0	0
BISHOP CHARLENE P KAMMERER TRUSTEE	50	X						0	0	0
ALBERT LATIMER TRUSTEE	50	X						0	0	0
REV ELIZABETH LAZENBY TRUSTEE	50	X						0	0	0
DR ESTHER G MABRY TRUSTEE	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AUBREY LEE MASON TRUSTEE	50	X						0	0	0
HARRY G NORRIS TRUSTEE	50	X						0	0	0
MARVIN PHAUP TRUSTEE	50	X						0	0	0
ROBERT RAVENSCROFT TRUSTEE	50	X						0	0	0
RONALD L WILLIARD SR TRUSTEE	50	X						0	0	0
DR JENNIFER L BRAATEN PRESIDENT	55 00			X				293,028	0	81,061
BOBBY W THOMPSON SR VP FOR ADMINISTRATION & TREASURER	50 00			X				117,066	0	8,296
DR LESLIE T LAMBERT PROVOST & VP ACADEMIC AFFAIRS	50 00				X			159,754	0	18,175
DR DOUGLAS E CLARK VP ENROLLMENT & GOV'T RELATIONS	50 00					X		141,277	0	16,164
DR ANDREA ZUSCHIN VP FOR STUDENT AFFAIRS	50 00					X		117,191	0	8,004
DR CHRISTINE STINSON CHIEF INFO OFFICER & DEAN	50 00					X		144,547	0	15,445
KIM BLAIR VP FOR INSTITUTIONAL ADVANCEMENT	50 00					X		127,970	0	6,394
BARBARA HATCHER CHIEF FINANCIAL OFFICER	50 00					X		118,627	0	16,067