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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 08-01-2011 and ending 07-31-2012**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
ALICE LLOYD COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 PURPOSE ROAD

City or town, state or country, and ZIP + 4
PIPPA PASSES, KY 41844

**D Employer identification number**
61-0492351

**E Telephone number**
(606) 368-2101

**G** Gross receipts $ 27,935,956

**F** Name and address of principal officer
DAVID JOHNSON
100 PURPOSE ROAD
PIPPA PASSES, KY 41844

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW ALC EDU

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1922 | **M** State of legal domicile KY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
ALICE LLOYD COLLEGE PROVIDES A FOUR YEAR LIBERAL ARTS EDUCATION TO APPROXIMATELY 590 STUDENTS EACH YEAR THE MAJORITY OF THESE STUDENTS COME FROM APPALACHIAN AREAS OF KENTUCKY, OHIO, TENNESSEE, VIRGINIA, AND WEST VIRGINIA FOR SOME, ALICE LLOYD COLLEGE IS THE ONLY HOPE TO PULL THEM AND/OR THEIR FAMILY FROM A LIFE OF POVERTY ALICE LLOYD COLLEGE HAS BEEN A BEACON OF HOPE FOR OVER 80 YEARS

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| **Activities & Governance** | **3** Number of voting members of the governing body (Part VI, line 1a) | **3** | 19 |
| | **4** Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 19 |
| | **5** Total number of individuals employed in calendar year 2011 (Part V, line 2a) | **5** | 226 |
| | **6** Total number of volunteers (estimate if necessary) | **6** | 49 |
| | **7a** Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| | **b** Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | **8** Contributions and grants (Part VIII, line 1h) | 4,816,381 | 5,323,528 |
| | **9** Program service revenue (Part VIII, line 2g) | 7,501,540 | 7,605,749 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 1,805,988 | 1,513,634 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 268,633 | 222,346 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,392,542 | 14,665,257 |
| **Expenses** | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,835,480 | 1,600,271 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,481,422 | 6,773,796 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,343,637 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 4,622,625 | 5,105,378 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 12,939,527 | 13,479,445 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 1,453,015 | 1,185,812 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | **20** Total assets (Part X, line 16) | 58,925,766 | 59,967,601 |
| | **21** Total liabilities (Part X, line 26) | 1,162,731 | 1,258,079 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 57,763,035 | 58,709,522 |

## Part II Signature Block

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

**Sign Here**

****** 2012-12-14
Signature of officer — Date

DAVID JOHNSON VP BUSINESS AFFAIRS
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: KELLEY GALLOWAY CO PSC | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00846508

Firm's name (or yours if self-employed), address, and ZIP + 4: KELLEY GALLOWAY & CO PSC, PO BOX 990, ASHLAND, KY 411050990 | EIN ▶ 61-1129886 | Phone no ▶ (606) 329-1811

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 . . . . . ☑

**1** Briefly describe the organization's mission

THE MISSION OF ALICE LLOYD COLLEGE IS TO PROVIDE MOUNTAIN STUDENTS A QUALITY, CHARACTER-BASED EDUCATION, REGARDLESS OF THEIR FINANCIAL ABILITY, AND TO PREPARE THEM FOR LEADERSHIP AND SERVICE IN THE APPALACHIAN REGION NO STUDENT HAS EVER BEEN TURNED AWAY BECAUSE OF AN ABILITY TO PAY

**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 $ 2,394,572 including grants of $ 334,183 ) (Revenue $ )

INSTRUCTIONALICE LLOYD COLLEGE (ALC) HAS AN ENROLLMENT OF 591 STUDENTS FULL-TIME STUDENTS FROM OUR 108-COUNTY SERVICE AREA (INCLUDES PARTS OF KY, OH, TN, VA, AND WV) ARE GUARANTEED ABSOLUTELY NO OUT OF POCKET COSTS FOR TUITION ALC IS ONE OF ONLY SEVEN WORK COLLEGES IN THE NATION REQUIRING ALL FULL-TIME STUDENTS TO WORK AS A CONDITION FOR ENROLLMENT EACH YEAR, THE COLLEGE SUPPORTS MANY ALUMNI AT GRADUATE AND PROFESSIONAL SCHOOLS THROUGH ITS CANEY SCHOLARS PROGRAM FORTY-EIGHT STUDENTS ARE BEING ASSISTED THROUGH THE PROGRAM DURING THE 2012-2013 ACADEMIC YEAR, INCLUDING 17 ENROLLED IN THE MEDICAL FIELD ALC PROVIDED INSTITUTIONAL LEADERSHIP GRANTS TOTALING $1,373,182, WHICH INCLUDED $7,238 IN MINORITY GRANTS DURING THE 2011-2012 FISCAL YEAR THE PROGRAM SERVICE ACCOMPLISHMENTS 2012 GRADUATION CLASS OF 95 STUDENTS, 61% HAD NO STUDENT LOAN DEBT, WHILE THE OTHER 39% HAD AN AVERAGE DEBT OF $6,753 WHILE ATTENDING ALICE LLOYD COLLEGE ALICE LLOYD COLLEGE RENOVATED THE MCGAW LIBRARY IN 2012 TO INCLUDE A FUTURE ENTREPRENEURIAL PROGRAM SCHEDULED TO BEGIN IN THE 2013-2014 ACADEMIC YEAR THE ENTREPRENEURIAL PROGRAM WILL INCLUDE COLLABORATIVE LEARNING BETWEEN STUDENTS AND COMMUNITY TO PROMOTE SMALL BUSINESS AND TEACH STUDENTS ABOUT INNOVATION IN BUSINESS STARTUPS ACADEMICS WILL ALSO ADD AN ACCOUNTING MAJOR IN 2013-2014 ALONG WITH A SPECIAL EDUCATION EMPHASIS IN THE EDUCATION DEPARTMENT

**4b** (Code ) (Expenses $ 2,085,564 including grants of $ 232,326 ) (Revenue $ )

AUXILIARYCOLLEGE HOUSING AND MEAL PLAN, ALONG WITH THE CAMPUS BOOKSTORE AND CAFE, ARE PRIMARILY PART OF THE AUXILIARY SERVICES THE CAMPUS HAS THE CAPACITY TO HOUSE NEARLY 500 FULL-TIME STUDENTS THE BOOKSTORE OFFERS STUDENTS A CENTRALIZED AND CONVENIENT LOCATION TO PURCHASE TEXTBOOKS AND SUPPLIES, WHILE THE CAFE OFFERS FACULTY, STAFF AND STUDENTS A PLACE TO GATHER AND SOCIALIZE WHILE OFFERING AN AFFORDABLE MENU THE COLLEGE ALSO OPERATES A CHILD DEVELOPMENT CENTER AND A K-12 COLLEGE PREPARATORY SCHOOL (THE JUNE BUCHANAN SCHOOL) JBS HAS AN ENROLLMENT OF 110 STUDENTS THIS YEAR ALL JBS HIGH SCHOOL STUDENTS ARE REQUIRED TO PARTICIPATE IN COMMUNITY SERVICE EVENTS

**4c** (Code ) (Expenses $ 1,120,203 including grants of $ 306,844 ) (Revenue $ )

STUDENT SERVICESSTUDENT SERVICES PROGRAMS INCLUDE LEADERSHIP EDUCATION, ATHLETICS, INTRAMURALS, COUNSELING, CAREER PLACEMENT, STUDENT ACTIVITIES BOARD (WHICH PLANS A STUDENT ACTIVITIES CALENDAR EACH SEMESTER), DINING FACILITIES, DORMITORY FACILITIES, BRIDGE PROGRAM (WHICH HELPS STUDENTS MAKE THE TRANSITION FROM HIGH SCHOOL TO COLLEGE), CONVOCATION SERIES, POLICE DEPARTMENT, SUMMER AND FALL ORIENTATIONS (WHICH HELPS STUDENTS MEET FELLOW STUDENTS AND FACULTY MEMBERS AND BECOME ACQUAINTED WITH COLLEGE GUIDELINES AND REGULATIONS) PROJECTS WERE STARTED AND COMPLETED TO ENHANCE STUDENT LIFE IN 2012 STUDENT SERVICES RENOVATED LILLY DORM FOR WOMEN IN 2012 WITH NEW FLOORING, PAINTING WITH WINDOWS AND ROOFING SCHEDULED TO BE COMPLETED IN 2013 CANEY COTTAGE RENOVATION WAS COMPLETE IN 2012 WITH STRUCTURAL, BATHROOM AND PLUMBING, FLOORING, WINDOWS, DRAINAGE, ROOFING AND EXTERIOR BEING THE MAJOR AREAS OF IMPROVEMENT NEW FURNITURE WAS PURCHASED FOR THE DORM AS WELL IN 2012 CANEY COTTAGE SERVES THE GRADUATE STUDENTS FROM ALICE LLOYD COLLEGE ATTENDING THE UNIVERSITY OF KENTUCKY AND EASTERN KENTUCKY UNIVERSITY IN ADDITION, A TENNIS COURT IS BEING ADDED THIS FALL TO ACCOMMODATE THE INCREASED INTEREST IN THE SPORT AN ATHLETIC PRACTICE FACILITY WILL BE BUILT IN 2013 TO INCLUDE SOFTBALL AND BASEBALL PARTICIPANTS THE STUDENTS ARE INVOLVED IN MANY COMMUNITY OUTREACH ACTIVITIES SUCH AS THE STUDENT GOVERNMENT ASSOCIATION AND RESIDENT ADVISORS CLOTHING DRIVE FOR THE HOMELESS SHELTER, A FOOD DRIVE FOR THE NEEDY, AND PARTICIPATION IN THE OPERATION CHRISTMAS CHILD PROGRAM ACADEMIC SERVICE PROJECTS INCLUDED SERVING ON THE APPALACHIAN ADVISORY BOARD AND OPENING THE MARIE STEWART CRAFTS GALLERY IN ADDITION, FACULTY, STAFF AND STUDENTS WERE INVOLVED IN THE WALK FOR BREAST CANCER AWARENESS WHICH FUNDS WERE RAISED BY PBL (BUSINESS PROGRAM) STUDENTS AND STAFF WERE INVOLVED IN 2 SERVICE PROJECTS TO ASSIST TORNADO VICTIMS IN WEST LIBERTY STAFF AND STUDENTS ALONG WITH PIONEER FOOD SERVICE FEED THE FIRST RESPONDERS AND FAMILIES AND LATER PROVIDED HELP CLEANING DEBRIS AND DONATING SUPPLIES ADDITIONAL COMMUNITY OUTREACH WAS PROVIDED THROUGH THE BAPTIST COLLEGIATE MINISTRIES (BCM) ALC HAS AN ACTIVE BAPTIST COLLEGIATE MINISTRIES CHAPTER THAT IS OPEN TO ALL DENOMINATIONS BCM PARTICIPATED IN MANY SERVICE ACTIVITIES LAST YEAR INCLUDING OPERATION CHRISTMAS CHILD KNOTT COUNTY DISTRIBUTION CENTER HOST, KNOTT DRUG ABUSE COUNCILS CHRISTMAS TOY DRIVE, OPERATION UNITES TAKE BACK PILL DAY, AND WINTER COAT DISTRIBUTION BCM ALSO PARTICIPATED IN MISSION TRIPS TO SERVE THE NEEDY BY ROOFING HOMES IN NEW JERSEY, MINISTERING IN ALASKA, SERVING HOMELESS SHELTERS IN LOUISVILLE, AND SERVICE WORK IN ECUADOR

(Code ) (Expenses $ 1,617,879 including grants of $ 1,617,879 ) (Revenue $ )

STUDENT AID

(Code ) (Expenses $ 582,318 including grants of $ 103,621 ) (Revenue $ )

ACADEMIC

(Code ) (Expenses $ 451,197 including grants of $ 51,313 ) (Revenue $ )

ADMISSIONS

(Code ) (Expenses $ 884,109 including grants of $ 71,056 ) (Revenue $ )

JUNE BUCHANAN

**4d** Other program services (Describe in Schedule O )

(Expenses $ 3,535,503 including grants of $ 1,843,869 ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 9,135,842

## Part IV Checklist of Required Schedules

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

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | Yes | |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | | No |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | No |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . | **1a** | 93 | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | **1c** | | |
| **2a** | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 226 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | | | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . . | | | **4a** | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | **5a** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | **7c** | Yes | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | 1 | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | | No |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **7h** | | No |
| **8** | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | | | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? . . . . . | | | **9a** | | |
| **b** | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | | **13a** | | |
| **b** | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the aggregate amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **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 |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 19 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 19 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

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

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

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KY

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 ▶

DAVID JOHNSON ALICE LLOYD COLLEGE
100 PURPOSE ROAD
PIPPA PASSES, KY 41844
(606) 368-6031

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours 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 | | | |
| (1) ROBERT M DUNCAN CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) JOE STEPP MEMBER | 70 00 | X | | | | X | | 137,080 | 0 | 53,997 |
| (3) DWIGHT J BAUM MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (4) OLIVER CAUDILL MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (5) ROBERT MICHAEL DUNCAN JR MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (6) ROBERT W FINLEY SR MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (7) WILLIAM G FRANCIS MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (8) MARK T JOHNSON MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (9) JANICE L KNOPP MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (10) HILDA G LEGG VICE CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (11) LARRY M LESLIE MD SECRETARY/TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (12) MR JERRY L EDWARDS MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (13) J SCOTT JENNINGS MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (14) LOWELL D MARTIN MD MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (15) RACHEL D MULLINAX MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (16) GEORGE NICHOLS III MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (17) WILLIAM J REIK JR MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours 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 | | | |
| (18) KAREN R SELLERS MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (19) HENRY WEBB MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (20) DAVID JOHNSON ASSISTANT TREASURER | 50 00 | | | X | | | | 70,028 | 0 | 22,846 |
| (21) LINDA EASTLAND ASSISTANT SECRETARY | 40 00 | | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
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| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** | | | |
| **d** | **Total (add lines 1b and 1c)** | 207,108 | 0 | 76,843 |

**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 ▶1

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | 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 |
|---|---|---|
| PIONEER COLLEGE CATERERS INC<br>12351 WEST 96TH TER STE<br>LENEXA, KS 66215 | CATERING | 706,768 |
| THE BOELTER COMPANIES INC<br>N22 W23685 RIVERVIEW PARKWAY WEST<br>WAUKESHA, WI 53188 | CAFETERIA EQUIPMENT | 167,963 |
| SOUTHEAST MAIL SERVICES INC<br>2528 PALUMBO DRIVE<br>LEXINGTON, KY 40509 | MAILING | 163,622 |
| COMPUTER INFORMATION SYSTEMS<br>565 SOUTH MAIN STREET<br>CORBIN, KY 40701 | COMPUTER MAINTENANCE | 148,168 |
| JRA INC<br>3225 SUMMIT SQUARE PLACE<br>LEXINGTON, KY 40509 | ARCHITECTS | 144,339 |

**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 ▶6

## Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 942,052 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,381,476 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | 5,323,528 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | STUDENT TUITION & FEES | 611710 | 5,227,419 | 5,227,419 | | |
| | b | ROOM & BOARD | 611710 | 2,057,113 | 2,057,113 | | |
| | c | JUNE BUCHANAN SCHOOL | 611710 | 208,444 | 208,444 | | |
| | d | FAC /STAFF HOUSING | 611710 | 77,184 | 77,184 | | |
| | e | PRE-SCHOOL TUITION | 611710 | 35,589 | 35,589 | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | 7,605,749 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,526,416 | | | 1,526,416 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | 12,874,477 | | | | |
| | b | Less cost or other basis and sales expenses | 12,887,259 | | | | |
| | c | Gain or (loss) | -12,782 | | | | |
| | d | Net gain or (loss) | | -12,782 | -12,782 | | |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | 492,483 | | | |
| | b | Less cost of goods sold | b | 383,440 | | | |
| | c | Net income or (loss) from sales of inventory | | 109,043 | 109,043 | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | OTHER INCOME | 611710 | 99,792 | 99,792 | | |
| | b | OTHER AUXILIARY INCOME | 611710 | 13,511 | 13,511 | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a–11d | | 113,303 | | | |
| | 12 | **Total revenue.** See Instructions | | 14,665,257 | 7,815,313 | 0 | 1,526,416 |

## Part IX Statement of Functional Expenses

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

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 1,600,271 | 1,600,271 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 440,771 | 156,360 | 207,108 | 77,303 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | | | | |
| 7 | Other salaries and wages | 5,037,047 | 3,766,662 | 770,687 | 499,698 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 280,407 | 141,011 | 105,615 | 33,781 |
| 9 | Other employee benefits . . . . . | 715,804 | 504,945 | 129,889 | 80,970 |
| 10 | Payroll taxes . . . . . | 299,767 | 211,061 | 54,028 | 34,678 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | | | | |
| b | Legal . . . . . | 89,938 | | 89,938 | |
| c | Accounting . . . . . | 32,605 | | 32,605 | |
| d | Lobbying . . . . . | | | | |
| e | Professional fundraising *See Part IV, line 17* . . | | | | |
| f | Investment management fees . . . . . | | | | |
| g | Other . . . . . | 17,594 | 17,594 | | |
| 12 | Advertising and promotion . . . . | 76,909 | | | 76,909 |
| 13 | Office expenses . . . . . | 382,011 | 12,655 | 2,951 | 366,405 |
| 14 | Information technology . . . . . | 24,467 | 18,307 | | 6,160 |
| 15 | Royalties . . | | | | |
| 16 | Occupancy . . . . . | 572,938 | 194,873 | 378,065 | |
| 17 | Travel . . . . . | 212,380 | 67,691 | 45,072 | 99,617 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 | Conferences, conventions, and meetings . . . . | | | | |
| 20 | Interest . . . . . | | | | |
| 21 | Payments to affiliates . . . . . | | | | |
| 22 | Depreciation, depletion, and amortization . . . . | 1,295,713 | 1,209,558 | 86,155 | |
| 23 | Insurance . . . . . | 184,918 | | 184,918 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a | SUPPLIES | 670,933 | 224,120 | 406,797 | 40,016 |
| b | FOOD COSTS | 600,932 | 600,932 | | |
| c | TELEPHONE | 284,988 | | 284,988 | |
| d | SPECIAL EVENTS | 283,205 | 109,125 | 168,434 | 5,646 |
| e | | | | | |
| f | All other expenses | 375,847 | 300,677 | 52,716 | 22,454 |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 13,479,445 | 9,135,842 | 2,999,966 | 1,343,637 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 2,571,804 | 1 | 1,323,607 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 126,222 | 3 | 296,001 |
| | 4 | Accounts receivable, net | | 9,103 | 4 | 6,259 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 115,157 | 8 | 81,074 |
| | 9 | Prepaid expenses and deferred charges | | 309,558 | 9 | 316,938 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 44,284,411 | | | |
| | b | Less accumulated depreciation | 10b 23,482,794 | 20,613,962 | 10c | 20,801,617 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 34,791,226 | 12 | 36,694,218 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 388,734 | 15 | 447,887 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 58,925,766 | 16 | 59,967,601 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 677,228 | 17 | 700,735 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 32,818 | 19 | 36,123 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 452,685 | 25 | 521,221 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,162,731 | 26 | 1,258,079 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 36,461,974 | 27 | 37,126,342 |
| | 28 | Temporarily restricted net assets | | 1,488,390 | 28 | 1,283,528 |
| | 29 | Permanently restricted net assets | | 19,812,671 | 29 | 20,299,652 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 57,763,035 | 33 | 58,709,522 |
| | 34 | Total liabilities and net assets/fund balances | | 58,925,766 | 34 | 59,967,601 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,665,257 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,479,445 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,185,812 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 57,763,035 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -239,325 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 58,709,522 |

## Part XII Financial Statements and Reporting

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

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

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

**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?

| | Yes | No |
|---|---|---|
| **(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? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (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? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

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

## Section B. Total Support

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

12 Gross receipts from related activities, etc (See instructions ) **12**

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

## Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III** **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

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

## Section B. Total Support

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

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

## Section C. Computation of Public Support Percentage

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

## Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

| Facts And Circumstances Test |
| --- |
| |

**Explanation**

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 61-0492351
**Name:** ALICE LLOYD 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 $ | 1,617,879 | including grants of $ | 1,617,879 | ) (Revenue $ | ) | |
| STUDENT AID | | | | | | | |
| (Code | ) (Expenses $ | 582,318 | including grants of $ | 103,621 | ) (Revenue $ | ) | |
| ACADEMIC | | | | | | | |

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

**4d. Other program services**

| | | | | | | |
|---|---|---|---|---|---|---|
| (Code | ) (Expenses $ | 451,197 | including grants of $ | 51,313 | ) (Revenue $ | ) |
| ADMISSIONS | | | | | | |
| (Code | ) (Expenses $ | 884,109 | including grants of $ | 71,056 | ) (Revenue $ | ) |
| JUNE BUCHANAN | | | | | | |

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**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.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**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 | Employer identification number |
|---|---|
| ALICE LLOYD COLLEGE | 61-0492351 |

## 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 ▶ | $ 5,231 |
| 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? | ☐ Yes ☐ No |
| 4a | Was a correction made? | ☐ Yes ☐ No |
| 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 funtion 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? | ☐ Yes ☐ No |

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

| 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 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

### Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

## Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES | PART I-A, LINE 1 | THE COLLEGE IS A MEMBER OF THE WORK COLLEGES CONSORTIUM EACH YEAR THE COLLEGE PAYS ASSESSMENTS TO THE CONSORTIUM TO FUND VARIOUS FUNCTIONS AS A GROUP PART OF THE PAYMENTS INVOLVES LOBBYING BY THE WORK COLLEGE CONSORTIUM ON BEHALF OF ALL MEMBERS FEDERAL LOBBYING EXPENSES BY THE CONSORTIUM FOR 2011-2012 WAS $5,231 29 THE PRORATED AMOUNT APPLIED TO ALICE LLOYD COLLEGE THE CONSORTIUM IS NOT A 501(C)(3) ORGANIZATION |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

## 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.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 ☐ Yes ☐ No

## 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 28,203,004 | 25,786,632 | 22,699,250 | 24,271,492 | |
| b Contributions | 587,410 | 479,552 | 670,316 | 429,481 | |
| c Investment earnings or losses | | | | -2,001,721 | |
| d Grants or scholarships | 1,286,013 | 3,008,641 | 3,471,627 | | |
| e Other expenditures for facilities and programs | 1,124,162 | 1,071,821 | 1,054,561 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 28,952,265 | 28,203,004 | 25,786,632 | 22,699,252 | |

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

- a Board designated or quasi-endowment ▶ 34 300 %
- b Permanent endowment ▶ 65 700 %
- c Term endowment ▶

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 1,276,015 | | 1,276,015 |
| b Buildings | | 31,621,028 | 13,602,055 | 18,018,973 |
| c Leasehold improvements | | | | |
| d Equipment | | 10,713,928 | 9,880,739 | 833,189 |
| e Other | | 673,440 | | 673,440 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 20,801,617 |

**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 | | |
| (3) Other | | |
| (A) SECURITIES | 36,694,218 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 36,694,218 | |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| ANNUITY AND GOV STDN ADVANCES | 98,266 |
| ANNUITY LIABILITY | 422,955 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 521,221 |

**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 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 14,665,257 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 13,479,445 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,185,812 |
| 4 | Net unrealized gains (losses) on investments | 4 | -120,628 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -118,697 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -239,325 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 946,487 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 14,928,069 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -120,628 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 383,440 | | |
| e | Add lines **2a** through **2d** | | | 2e | 262,812 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 14,665,257 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 14,665,257 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 13,981,582 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 502,137 | | |
| e | Add lines **2a** through **2d** | | | 2e | 502,137 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 13,479,445 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 13,479,445 |

## 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 |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | ALICE LLOYD PROVIDES A LIBERAL ARTS EDUCATION TO STUDENTS FROM A 108 COUNTY AREA IN APPALACHIA A MAJORITY OF STUDENTS ATTENDING ALICE LLOYD COLLEGE ARE FIRST GENERATION STUDENTS WITH LIMITED RESOURCES TO ATTEND INSTITUTIONS OF HIGHER EDUCATION ALICE LLOYD COLLEGE DEPENDS UPON DONATIONS AND THE ENDOWMENT TO HELP STUDENTS FINANCIALLY THROUGH THE COLLEGE LEADERSHIP SCHOLARHSIP STUDENTS ATTENDING ALICE LLOYD COLLEGE FROM THE 108 COUNTY AREA IN APPALACHIA PAY $0 TUITION THE COLLEGE ENDOWMENT IS USED PREDOMINANTLY TO COVER THE COST OF TUITION OF WHICH DURING FISCAL YEAR 2011-2012 WAS IN EXCESS OF $1 3 MILLION THE ENDOWMENT ALLOWS ALICE LLOYD COLLEGE TO ASSIST STUDENTS IN MAINTAINING A LOW GRADUATION DEBT THE LAST SEVERAL YEARS ALICE LLOYD COLLEGE HAS RANKED AT OR NEAR THE TOP NATIONALLY IN LOW STUDENT DEBT |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COLLEGE AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE, AND HAS CONCLUDED THAT AS OF JULY 31, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2008 |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | ANNUITY PAYMENTS -118,697 |

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

Department of the Treasury
Internal Revenue Service

# Schools

►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.

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

**Part I**

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

## Part II Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | COLLEGE CATALOG, PUBLISHED IN AREA NEWSPAPERS, RADIO AND TELEVISION ADVERTISEMENT, POLICIES ARE ALSO PUBLISHED AT SUMMER ORIENTATION FOR STUDENTS AND FAMILIES |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE | SCHEDULE E, PART I, LINE 6 | THE COLLEGE RECEIVES FINANCIAL AID FOR ITS STUDENTS UNDER TITLE IV FINANCIAL AID PROGRAMS PELL, FCWS, SEOG, AND PERKINS LOAN FUNDS THE COLLEGE ADHERES TO ALL POLICIES AND PROCEDURES FOR THE RECORDING AND DISBURSEMENT OF SUCH FUNDS |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

## Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) FEDERAL PELL GRANT PROGRAM | 327 | 1,258,103 | | | |
| (2) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM (SEOG) | 57 | 120,739 | | | |
| (3) TEACH | 6 | 19,855 | | | |
| (4) KENTUCKY TUITION GRANT | 339 | 1,199,824 | | | |
| (5) INSTITUTIONAL GRANTS | 492 | 1,373,182 | | | |
| (6) KEES | 355 | 483,824 | | | |
| (7) RCB SCHOLAR | 1 | 600 | | | |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 STUDENT FINANCIAL AID PROCEDURES TYPICALLY FOLLOWED BY COLLEGES IN THE UNITED STATES USING FAFSA AND THE COLLEGE'S FINANCIAL AID APPLICATION CRITERIA FEDERAL GRANTS ARE SUBJECT TO THE SINGLE AUDIT ACT OF THE UNITED STATES |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

## Part I Questions Regarding Compensation

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

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

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

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

| (A) Name | | (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) JOE STEPP | (i) | 137,080 | 0 | 0 | 22,163 | 31,834 | 191,077 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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## 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 1B | PAGE 7 OF THE COLLEGE EMPLOYEE HANDBOOK REGARDING TRAVEL TO PROFESSIONAL MEETINGS AND CONFERENCES APPLIES TO ALL EMPLOYEES INCLUDING ADMINISTRATION ALL TRAVEL VOUCHERS ARE SUPPORTED BY RECEIPTS FOR EXPENDITURES AS REFERENCED ON PAGE 15 - TRAVEL ADVANCE HOUSING IS PROVIDED TO COLLEGE FACULTY AND MOST ADMINISTRATIVE STAFF INCLUDING THE PRESIDENT AND VICE PRESIDENT FOR BUSINESS AFFAIRS AS A CONDITION OF EMPLOYMENT PAGE 23 OF THE EMPLOYEE HANDBOOK CONTAINS THE HOUSING POLICY |
| | | SCHEDULE J - 4(B) THE BOARD OF TRUSTEES ESTABLISHED A 457(B) PLAN FOR THE PRESIDENT IN 2005 WITH AN ANNUAL CONTRIBUTION TO THE PLAN BY THE BOARD |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

## 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

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | (c) Corrected? 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

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | (b) From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | (e) No | (f) Approved by board or committee? Yes | (f) No | (g) Written agreement? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total . . . . . ▶ $ | | | | | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

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

| (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 | (e) Sharing of organization's revenues? No |
|---|---|---|---|---|---|
| (1) ROBERT FINLEY - OPPENHEIMER & COMPANY | BOARD MEMBER | | ROBERT FINLEY IS A PAID BROKER/INVESTMENT ADVISOR FOR THE COLLEGE THROUGH OPPENHEIMER & COMPANY ROBERT FINLEY, BOARD MEMBER, IS AN EMPLOYEE OF OPPENHEIMER & COMPANY WHO HANDLES THE COLLEGE'S INVESTMENTS | | No |
| (2) JAMES O STEPP | EXECUTIVE VICE PRESIDENT | | JAMES O STEPP RECEIVES TAXABLE COMPENSATION FROM THE COLLEGE AS THE EXECUTIVE VICE PRESIDENT AND HAS BEEN EMPLOYED WITH THE COLLEGE SINCE 1985 AND IS THE BROTHER TO THE PRESIDENT, JOE A STEPP W-2 WAGES FOR 2011 WERE $77,303 40 | | 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)

Department of the Treasury
Internal Revenue Service

# NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALICE LLOYD COLLEGE

Employer identification number
61-0492351

## Part I Types of Property

| | | (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 |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 2 | 131,783 | NYSE AND NASDAQ |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | X | 1 | 82,000 | BELOW FMV APPRAISAL |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▸ ( MAINTENANCE SUPPLIES ) | X | 1 | 73,458 | DONOR COST OR ADJUSTED BASIS |
| 26 | Other ▸ ( ) | | | | |
| 27 | Other ▸ ( ) | | | | |
| 28 | Other ▸ ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29 1

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | Yes | |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

## Part II

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| THIRD PARTY USE | PART I, LINE 32B | SOLD DONATED RESIDENTIAL CONDOMINIUM AT 750 SHAKER DR , LEXINGTON, KY 40504, UNIT 1016 REALTOR KATHY BOLTON, ALL-STAR REALTY, 868 WEST MAIN ST , LEXINGTON, KY 40508 |

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**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
ALICE LLOYD COLLEGE

**Employer identification number**
61-0492351

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION A, LINE 2 | THE PRESIDENT JOE STEPP AND EXECUTIVE VICE-PRESIDENT ARE BROTHERS |
| | FORM 990, PART VI, SECTION B, LINE 11 | MANAGEMENT APPOINTED TO REVIEW THE FORM 990 THE GOVERNING BODY WILL RECEIVE A COPY OF THE FORM 990 IN DECEMBER WITH A LETTER ASKING THAT ANY QUESTIONS BE DIRECTED TO THE VICE PRESIDENT FOR BUSINESS AFFAIRS THE 990 IS REVIEWED INTERNALLY BY THE PRESIDENT, EXECUTIVE SECRETARY, VICE PRESIDENT FOR BUSINESS AFFAIRS, AND CONTROLLER VARIOUS PARTS ARE PREPARED AND EDITED BY THE DIRECTOR OF INSTITUTION DEVELOPMENT, ACADEMIC DEAN, FINANCIAL AID DIRECTOR WITH INFORMATION FROM ALL DEPARTMENTS |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE COLLEGE HAS A CONFLICT OF INTEREST POLICY, AS WELL AS A CONFLICT OF INTEREST DISCLOSURE DOCUMENT THAT TRUSTEES AND EXECUTIVE DIRECTORS ARE ASKED TO SIGN, AND HAVE THEIR SIGNATURE WITNESSED EACH YEAR THE DISCLOSURE DOCUMENT IS GIVEN TO THE TRUSTEES IN OCTOBER THE SECRETARY TO THE PRESIDENT FOLLOWS UP WITH THOSE WHO DO NOT RETURN THEIR DOCUMENT WITHIN A REASONABLE PERIOD OF TIME. BEGINNING WITH THE JANUARY 2010 EXECUTIVE REPORT UNDER COLLEGE GOVERNANCE, THE CONFLICT OF INTEREST POLICY WILL BE REVIEWED ANNUALLY |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE PRESIDENT'S SALARY IS SET BY THE BOARD OF TRUSTEES, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE. THE PRESIDENT MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, AND BOARD, FOR PAY INCREASES FOR LINE OFFICERS AND OTHER EMPLOYEES OF THE COLLEGE. THE PRESIDENT WILL PERIODICALLY (EVERY 2-3 YEARS) REQUEST A COMPARATIVE SALARY LIST FROM THE ASSOCIATION OF INDEPENDENT KENTUCKY COLLEGES AND UNIVERSITIES (AIKCU) |
| | FORM 990, PART VI, SECTION C, LINE 19 | AVAILABLE UPON REQUEST |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -120,628 ANNUITY PAYMENTS -118,697 TOTAL TO FORM 990, PART XI, LINE 5 -239,325 |
| THE BUSINESS AFFAIRS COMMITTEE IS APPOINTED TO REVIEW THE AUDIT | FORM 990, PART XI, LINE 2C | THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2011**

Attachment Sequence No **179**

| Name(s) shown on return | Business or activity to which this form relates | **Identifying number** |
|---|---|---|
| ALICE LLOYD COLLEGE | FORM 990 PAGE 10 | 61-0492351 |

**Part I** **Election To Expense Certain Property Under Section 179**

***Note:*** *If you have any listed property, complete Part V before you complete Part I.*

| | | |
|---|---|---|
| **1** Maximum amount (see instructions) | **1** | 500,000 |
| **2** Total cost of section 179 property placed in service (see instructions) | **2** | |
| **3** Threshold cost of section 179 property before reduction in limitation (see instructions) | **3** | 2,000,000 |
| **4** Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | **4** | |
| **5** Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | **5** | |

| **6** | **(a)** Description of property | **(b)** Cost (business use only) | **(c)** Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| **7** Listed property Enter the amount from line 29 | **7** | | |
| **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | **8** | | |
| **9** Tentative deduction Enter the **smaller** of line 5 or line 8 | **9** | | |
| **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | **10** | | |
| **11** Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | **11** | | |
| **12** Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | **12** | | |
| **13** Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶ | **13** | | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II** **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions )

| | | |
|---|---|---|
| **14** Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | **14** | |
| **15** Property subject to section 168(f)(1) election | **15** | |
| **16** Other depreciation (including ACRS) | **16** | 1,295,713 |

**Part III** **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

**Section A**

| | | |
|---|---|---|
| **17** MACRS deductions for assets placed in service in tax years beginning before 2011 | **17** | |
| **18** If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| | **(a)** Classification of property | **(b)** Month and year placed in service | **(c)** Basis for depreciation (business/investment use only—see instructions) | **(d)** Recovery period | **(e)** Convention | **(f)** Method | **(g)** Depreciation deduction |
|---|---|---|---|---|---|---|---|
| **19a** | 3-year property | | | | | | |
| **b** | 5-year property | | | | | | |
| **c** | 7-year property | | | | | | |
| **d** | 10-year property | | | | | | |
| **e** | 15-year property | | | | | | |
| **f** | 20-year property | | | | | | |
| **g** | 25-year property | | | 25 yrs | | S/L | |
| **h** | Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | | 27 5 yrs | MM | S/L | |
| **i** | Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | | MM | S/L | |

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| **20a** | Class life | | | | S/L | |
| **b** | 12-year | | 12 yrs | | S/L | |
| **c** | 40-year | | 40 yrs | MM | S/L | |

**Part IV** **Summary** (see instructions)

| | | |
|---|---|---|
| **21** Listed property Enter amount from line 28 | **21** | |
| **22** **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | **22** | 1,295,713 |
| **23** For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | **23** | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

***Note:*** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.***)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | **28** | | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | **29** | | |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year | | | | | | | | | | | | |
| **32** Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| **33** Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **34** Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| **35** Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| **36** Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| **39** Do you treat all use of vehicles by employees as personal use? | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) | | |
| **Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2011 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2011 tax year | | | | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report | | | | **44** | |