

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493044016924

OMB No 1545-0047

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

A F			07.04.2042	06 20 2012		Inspection	
A Forthe B Check if a		endar year, or tax year beginning C Name of organization EMORY & HENRY COLLEGE	07-01-2012 , 2012, and ending	06-30-2013	D Employer ider	tification number	
Address o	-	Doing Business As			54-0505892		
Name ch	-						
Initial reti		Number and street (or P O box if ma PO BOX 947	Il is not delivered to street address) Roo	om/suite	E Telephone numl	per	
- Amended		City or town, state or country, and ZI	P + 4		(276)944-6	814	
	on pending	EMORY, VA 243270947			G Gross receipts \$	46 644 445	
••	. ,	F Name and address of princ	ipal officer	H(a) is	this a group return		
		Jake B Schrum PO BOX 947			liates?	Γ Yes Γ No	
		EMORY, VA 24327			e all affiliates includ No," attach a list		
Tax-exer	mpt status	▼ 501(c)(3)	sert no)				
Websit	t e:► ww	w ehc edu		H(c) Gr	oup exemption nun	nber 📭	
Form of o	organization	Corporation Trust Association	☐ Other ►	L Year of	formation 1839 M	State of legal domicile V	
Part I	Sum	mary					
3 4 5	Check th Number Number Total nu	of voting members of the governing of independent voting members of the members of the governing members of mber of individuals employed in camber of volunteers (estimate if ne	sed of more than	3	sets 3 3 80		
		related business revenue from Pa	6	15			
1		lated business taxable income fro	7a 7b				
				Pı	rior Year	Current Year	
. 8 J		butions and grants (Part VIII, line			8,405,966	8,244,70	
9 10	_	im service revenue (Part VIII, lin tment income (Part VIII, column :		32,816,743 33,148 4,954,821 5,165			
11		revenue (Part VIII, column (A), l			0		
12		revenue—add lines 8 through 11 (), line	46,177,530	46,558,61	
13		s and sımılar amounts paıd (Part I			13,168,597	14,142,22	
14		ts paid to or for members (Part IX			0	(
, 15		es, other compensation, employee	benefits (Part IX, column (A), li	nes	13,686,783	14,388,87	
16a	5-10) Profes) sional fundraising fees (Part IX, c	olumn (A), line 11e)		0	14,500,07	
66 16a	Total fu	ndraising expenses (Part IX, column (D),	line 25) ▶ 654,274				
17		expenses (Part IX, column (A), li			13,628,348	13,388,65	
18		expenses Add lines 13–17 (musi			40,483,728	41,919,752	
19 Secondary 20 Pun 21 22	Reven	ue less expenses Subtract line 1	8 from line 12		5,693,802 ing of Current Year	4,638,863 End of Year	
疆 20	Total	assets (Part X, line 16)			173,830,786	186,521,24	
[21		liabilities (Part X, line 26)			31,502,985	35,596,89	
正 22 Part II		ssets or fund balances Subtract li ature Block	ne 21 from line 20	-	142,327,801	150,924,34	
nder pen y knowle eparer h	nalties of edge and nas any ki	perjury, I declare that I have exar belief, it is true, correct, and comp					
ere		WILMOTH VP BUS & FINANCE					
		or print name and title	Preparer's signature	Date C	theck I if PTIN		
aid			. _F 	S	elf-employed		
repare	er 🏻	im's name 🕨		F	ım's EIN 🕨		
Jse On		ırm's address 🟲		Р	hone no		

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

orn	990 (2012) Page	2
Pai		<u>~</u>
1	Briefly describe the organization's mission	
eduo abou & He	Check if Schedule O contains a response to any question in this Part III Check if Schedule O contains a response to any question in this Part III Die Briefly describe the organization's mission mory & Henry College is a learning community in pursuit of excellence, engaging a diverse group of well-qualified men and women in directional experiences in which students confront historical and contemporary ideas and issues, and develop the ability to think critic bout all areas of human experience. These educational experiences lead to lives of service, productive careers and global citizenship lenny strives to provide the highest quality libral arts education, combining tradition and innovation as it transforms lives and creat service social change in our region, our nation, and our world Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If "Yes," describe these new services on Schedule O Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Did the organization ease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report to full profescence in the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report of the diprofescence in the areas of technique of a face before to? If the provide of the degrees on over 50 felse's of sixtly All students were recurred to fulliprofescence in the areas of technique of a face before to a face before to a face before to a face before to a face	
2		
	If "Yes," describe these new services on Schedule O	
3	services?	
	If "Yes," describe these changes on Schedule O	
4	expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,	
4a	(Code) (Expenses \$ 26,272,136 including grants of \$ 14,142,225) (Revenue \$ 24,604,073)	_
	and Bachelor of Art degrees in over 50 fields of study. All students were required to fulfill proficiencies in the areas of technology, foreign language, mathematics, oral and written communication, critical thinking, ethical reasoning, and quantitative literacy. In addition, Masters degree programs were offered in history education and community and organizational leadership. Student financial aid was provided to most students through a variety of funded and unfunded scholarships, and grants, supporting the pursuit of the degrees. Formal classroom instruction was provided by approximately 70 full-time faculty members, with a student-faculty ratio of 10.1, providing for personalized attention and small class enrollments. To enhance the academic experience for students, services were provided through the library, academic computing, The Powell Resource Center (for academic counseling, career services, personal counseling, skill development, testing resources, tutoring, workshops, and academic accommodations for students with documented disabilities), and the Office of the Academic Dean. Writing la and quantitative labs were available to students on an ongoing basis. Academic areas of expansion included international programs, health sciences, and honors.	on,
4b	(Code) (Expenses \$ 5,101,976 including grants of \$ 0) (Revenue \$ 8,134,437)	_
	Auxiliary services were provided to all students. Over 700 students were provided housing and meals. The first PassiveHaus residence hall in the United States was opened to students, located in the center of campus, recognizing the college's commitment to sustainability, environmental responsibility, and resource efficiency popular regional restaurant opened up a new location in a campus-owned building, providing additional meal options for students. The Mercantile continued to provide books, art and school supplies, and essential grocery and health products to students for their convenience.	s A
<u>4</u> c	(Code) (Expenses \$ 5.568.887 including grants of \$ 0.) (Revenue \$ 409.763.)	_
	Various services were provided to students through many programs and offices, including intramural sports, general athletics, the Outdoor Program, spiritual life, to Martin Brock Student Center, Admissions, Financial Aid, the Registrar, the Student Health Center, the Appalachian Center for Community Service, the Bonner Program, The Centralized Student Assistance Office, and the Office of the Dean of Students Over 890 students received some form of financial aid through various funded and unfunded scholarships, and grants, providing the opportunity to pursue degrees. Campus employment was made available to many students, providing financial resources and valuable work experience. Many community service opportunities were provided through the Appalachian Center, the Outdoor Program, at the Chaplain's Office. The intramural program continued to expand, with over 50% of students participating in an least one sport. Summer orientation programs were expanded, hosting 253 students and their families. The Outdoor Program continued to grow, through the Adventure Program and the Outdoor Leadership.	s ng
		_
4d		
4e	Total program service expenses ► 36,942,999	_
	Total program service expenses F. Solvarily 20	

art IV	Check	dist of	Required	Schedules

	·		Yes	N _a
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No_
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 for escrow or custodial account liability, 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
LO	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 $\sqrt{2}$	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	
С	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
	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		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
l4a	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, Parts I and IV	14b		No
L5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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 (see instructions)	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		Νo
L9	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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
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 11b and 19?	38	Yes	

Par				_
	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 125			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
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, securities account, or other financial account)?	4a		No
Ь	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
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 as charitable contributions?	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		140
u	74	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
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.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L 1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenı	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
l1a	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 this Form 990			
L2a	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	
L3				
	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written whistleblower policy?	13 14	Yes Yes	
L4 L5		\vdash		
L5	Did the organization have a written document retention and destruction policy?	\vdash		
L5 a	Did the organization have a written document retention and destruction policy?	14	Yes	No
L5 a	Did the organization have a written document retention and destruction policy?	14 15a	Yes	No
L5 a b	Did the organization have a written document retention and destruction policy?	14 15a	Yes	No No
a b	Did the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
.5 a b	Did the organization have a written document retention and destruction policy?	15a 15b	Yes	
a b L6a b	Did the organization have a written document retention and destruction policy?	15a 15b	Yes	

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

▶Dirk Wilmoth VP Bus and Finance 30461 Garnand Dr PO BOX 947 Emory, VA (276) 944-6814

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

Form	990	(2012
------	-----	-------

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one both	box, an d	heck unless officer stee)	i	Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organization	'-		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizati relati organiza	ed
1b	Sub-Total							►						
с	Total from continuation sheet	-	ection /	٠.	٠	•	•	•		E4E 014		0		240.702
d	Total (add lines 1b and 1c) .				•		- -	- \	<u> </u>	545,814		0		240,783
2	Total number of individuals (in \$100,000 of reportable compe	_					u abov	e) w	no receive	d more ti	idii			
													Yes	No
3	Did the organization list any f e	ormer officer, dir	rector o	r trus	stee.	. kev	emplo	vee.	. or hiahes	tcompen	sated employee		res	No
	on line 1a? If "Yes," complete S					•		•				3		No
4	For any individual listed on lin organization and related organ individual											4	V	
5	Did any person listed on line 1	a receive or acc	crue co	npen	- satı	on fr	om an	unr unr	elated ord	anızatıon	or individual for	4	Yes	
	services rendered to the organ			•					_			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp									· ·			
	compensation from the organiz	(A)	ompens	ation	TOT	tne c	arenda	arye	ar ending	with or wi	(B)	ion's i	ax year (C	
		lame and business									cription of services ces & Facilities Mgt	_	Comper	
	to Inc & Affilifates PO BOX 536922 ATL		<u> </u>							Services		_		3,301,442
	l Construction Company Inc Box 637 B J-Kraf Homes LLC PO Box 573 Rocky I									Constructio Constructio		\dashv		3,923,942 3,820,103
	Construcion Company 19294 Lee High		4210							Constructio	n Services			779,953
	endent College Enterprise PO Box Cha									Technology				238,678
	Total number of independent co \$100,000 of compensation fror			not	Iımıt	ed t	o thos	e list	ed above)	who rece	ived more than			

		Cneck If Schedu	ile O contains a respon	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u 22	1a	Federated camp	paigns 1a	0				
Contributions, Gims, Grants and Other Similar Amounts	b	Membership du	es 1b	0				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising eve	ents 1c	0				
ar A	d	Related organiz	ations 1d	0				
າ ≅	e	Government grants	s (contributions) 1e	85,397				
<u> </u>	f	All other contribution	ons, gifts, grants, and 1f	8,159,307	ł			
Continuations, Gills, Grants and Other Similar Amounts		similar amounts no	rt included above		ļ			
[호]	g	1a-1f \$	ons included in lines	0				
] a	h	Total. Add lines	31a-1f	· · · •	8,244,704			
<u>e</u>				Business Code				
Men	2a	Tuition & Fees		611310	24,604,073	24,604,073	0	
<u>æ</u>	b		Education Auxiliaries	611310	8,134,437	8,134,437	0	
M C (c	Sales/services for E	Education Other	611310	409,763	409,763	0	
₹	d							
E E	e f	ΔII other progra	m service revenue		0	0	0	
Program Serwice Revenue	•					<u> </u>		
-			s 2a-2f ome (including dividend		33,148,273			
	3		ar amounts)		5,166,299	5,166,299	0	ı
	4		tment of tax-exempt bond p	oroceeds 🕨	0	0	0	
	5	Royalties	() Parl	(v) Paragrah	0	0	0	
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss) [Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	85,169	0				
	b	than inventory Less cost or other basis and sales expenses	85,832	0				
	c	Gain or (loss)	-663	0				
	d	Net gain or (los	s)		-663	-663	0	ı
omer nevenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	uding 0 reported on line 1c) e 18					
	ь	Less direct exi	a penses b					
5	c		loss) from fundraising e	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct exi	penses b					
	c		loss) from gaming activ	/ities▶			<u></u>	
	10a	Gross sales of i returns and allo						
	b	Less cost of ac	oods sold b					
	С		loss) from sales of inve	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a							
	b	-						
	C	Λ II α * b α · · · · · ·						
	d e		ue [311a-11d	🕨	+			
				. -	0			
1	12	iotal revenue.	See Instructions	· · · • •	46,558,613	38,313,909	0	

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizat	ıons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,142,225	14,142,225		
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	426,498	426,498		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	11,009,007	9,115,361	1,515,664	377,982
7	Other salaries and wages	556,476	454,786	78,930	22,760
8	Pension plan accruals and contributions (include section 401(k)	1 630 656	1 111 500	415.020	04.124
9	and 403(b) employer contributions)	1,620,656 776,238		415,020 100,618	94,134 28,043
10	Payroll taxes	776,238	647,377	100,618	28,043
11	Fees for services (non-employees)				
a	Management				
b	Legal	28,575		28,575	
c	Accounting	67,109		67,109	
d	Lobbying	07,103		07,103	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	102 276	62 201	129,975	
12	Schedule O)	192,276 86,611	62,301 25,485	58,966	2,160
13	Office expenses	1,302,012	-	 	67,772
14	Information technology	365,653			17,460
15	Royalties	303,033	130,577	211,210	17,100
16	Occupancy	5,233,270	4,790,568	442,702	
17	Travel	403,838			25,108
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		333,133	25,2.1	20,200
19	Conferences, conventions, and meetings	118,262	54,769	46,518	16,975
20	Interest	792,603	683,252	109,351	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,744,558	2,297,596	446,962	
23	Insurance	63,150	63,150		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Memberships & dues	172,235	123,293	48,312	630
b	Publications & Subscriptions	324,596	275,158	48,188	1,250
c	Presidential Transition	169,515	0	169,515	0
d	Miscellaneous Other	1,324,389	1,095,100	229,289	0
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	41,919,752	36,942,999	4,322,479	654,274
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	rt X	Check if Schedule O contains a response to any question in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	13,350	1	6,300
	2	Savings and temporary cash investments	17,390,457	2	12,480,263
	3	Pledges and grants receivable, net	3,305,478	3	3,704,859
	4	Accounts receivable, net	1,175,584	4	1,214,504
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	y	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	on s		0
Š	7	Notes and loans receivable, net	1,106,762		1,116,285
4	8	Inventories for sale or use	378,664		332,803
	9	Prepaid expenses and deferred charges	148,177	9	255,051
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 108,693,42	,		200,001
	ь	Less accumulated depreciation 10b 35,746,62		10c	72,946,803
	11	Investments—publicly traded securities	59,332,046	11	67,029,239
	12	Investments—other securities See Part IV, line 11	18,349,122	12	19,359,008
	13	Investments—program-related See Part IV, line 11	2,136,812	13	2,287,809
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	5,651,786	15	5,788,319
	16	Total assets. Add lines 1 through 15 (must equal line 34)	173,830,786	_	186,521,243
	17	Accounts payable and accrued expenses	2,473,479	17	1,733,554
	18	Grants payable	941,895	18	936,936
	19	Deferred revenue	148,586	19	1,454,507
	20	Tax-exempt bond liabilities	23,288,339	20	28,037,083
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
<u>, âu</u>	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	1,250,000	23	750,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	3,400,686		2,684,816
	26	Total liabilities. Add lines 17 through 25	31,502,985	26	35,596,896
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	41,111,328	27	43,285,231
ä	28	Temporarily restricted net assets	56,462,032	28	60,800,101
Ξ	29	Permanently restricted net assets	44,754,441	29	46,839,015
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	142,327,801	33	150,924,347
~	34	Total liabilities and net assets/fund balances	173,830,786	34	186,521,243

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)			46,5	558,613
2	Total expenses (must equal Part IX, column (A), line 25)	!		41,9	919,752
3	Revenue less expenses Subtract line 2 from line 1	,		4,6	38,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	,		142,3	327,801
5	Net unrealized gains (losses) on investments	;		4,5	524,307
6	Donated services and use of facilities	,			0
7	Investment expenses	,			0
8	Prior period adjustments	1			0
9	Other changes in net assets or fund balances (explain in Schedule O))		- 5	566,622
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)))		150,9	924,347
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	i on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both	e			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?	the .	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		3а	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requality or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ııred	3b	Yes	

Software ID: 12000197 **Software Version:** v1.00

EIN: 54-0505892

Name: EMORY & HENRY COLLEGE

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	s,Tr	uste	ees	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list		than	not one son i er an trust	box s bo d a tee)	, th		(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Dr Douglas K Armbrister Board Member	1 0	х						0	0	0
Robert H Feagins Board Member	1 0	х						0	0	0
Major R Warner Jr Board Member	0	х						0	0	0
F Winton Lackey Board Member	0	х						0	0	0
O Wayland Overstreet Board Member	1 0	х						0	0	0
Elizabeth Maiden Mahaffey Board Member	0	х						0	0	0
James H Brooks Board Member	0	х						0	0	0
Hal P McHorris Board Member	0	х						0	0	0
Katherine Greer Andrew Board Member	0	х						0	0	0
Paul A Powell Jr Board Executive Committee	0	х						0	0	0
Joseph F Ellis Board Member	0	х						0	0	0
Carolee J Bondurant Board Member	0	х						0	0	0
Jeoffrey B Bodenhorst Board Executive Committee	0	х						0	0	0
William B Pendleton Board Chair	3	х						0	0	0
Donna Proffit Vaughn Board Executive Committee	0	х						0	0	0
Jane Hicks Harter Board Member	1 0	х						0	0	0
T Rick Hughes Board Member	1 0	х						0	0	0
Ann Grim Sparger Board Member	1 0	х						0	0	0
Dr L Carole Wharton Board Secretary	2	х						0	0	0
Dr David E Mullins Board Member	0	х						0	0	0
Gary M Reedy Board Vice Chair	0	х						0	0	0
B Fielding Rolston Board Executive Committee	0	х						0	0	0
Paul N Hubble Jr Board Member	0	х						0	0	0
Kyra Kegley Bıshop Board Treasurer	2	х						0	0	0
Arthur Theron Broady Board Member	0	х						0	0	0

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

Compensated Employees, and Indepen		CTOFS						l	l	
(A) Name and Title	(B) Average hours per week (list any	dire	than pers office ctor/f	not one on is ran trust	box s bo d a tee)	th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
James H Fern Board Member	1 0	Х						0	0	0
John E Hammer III Board Member	1 0	Х						0	0	0
Lynda Jones Hawkins Board Member	1 0	Х						0	0	0
Rev Jonathan B Jonas Board Member	1	Х						0	0	0
Rev Sandra J Johnson Board Member	1	Х						0	0	0
Dr Glenn H Birkitt Jr Board Member	1	Х						0	0	0
Vaughn R Groves Board Member	1	х						0	0	0
John P McClave Board Member	1	Х						0	0	0
William L Naehle Board Member	1 0	х						0	0	0
Jennie Pruner Smith Board Member	1 0	х						0	0	0
Rev Sandra J Johnson Board Member	1 0	х						0	0	0
Bishop Mary Virginia Taylor Board Member	1 0	х						0	0	0
Dr Rosalınd Reichard President	40 0			х				221,798	0	67,279
Dr Dirk Wilmoth VP for Business & Finance	40 0			х				106,398	0	64,695
David Hawsey VP for Enrollment	40 0					х		110,355	0	60,011
Joseph Taylor VP for Institutional Advancement	40 0					х		107,263	0	48,798

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493044016924

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

EMORY & HENRY COLLEGE

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.

Inspection

									54-0505		
	rt I			blic Charity Sta					<u> </u>	nstruction	S.
	rganı			te foundation becaus			= -				
1	<u> </u>		· ·	on of churches, or a				section 170	(b)(1)(A)(i).		
2	<u> </u>			in section 170(b)(1							
3	<u> </u>			perative hospital se							
4				h organization opera	ted ın conjui	nction with	a hospital de	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the
5	_			ty, and state erated for the benefi	t of a collog	o or univers	utu awaad ar	operated by	2 9040rpmon	tal unit doc	cribad in
3	'	_	•		_	e or univers	ity owned of	operated by	a governmen	itai uiiit ues	cribed iii
_	_			(A)(iv). (Complete P	· ·	ممل خنصنامخ	aribad in see	tion 170(h)	(1)(4)()		
6	<u> </u>			local government o							
7	ı			at normally receives on 170(b)(1)(A)(vi).			s support froi	n a governm	ientai unit or i	rom the ge	neral public
8	Г			described in section			mplete Part	II)			
9				at normally receives					ıbutıons, mem	bership fee	s, and gross
				rities related to its e							
				oss investment inco	•	-			` '		
				janızatıon after June						,	
10	Г			, ganızed and operateo							
11		_		ganized and operated						to carry out	the purposes of
	•			ly supported organiz							
				bes the type of supp							
	_			b Type II c							
е	ı			ox, I certify that the							
			nan loundat 1 509(a)(2)	on managers and ot	ner than one	e or more pu	ibliciy suppo	rted organiza	ations describ	ed in Section	011 50 9 (a)(1) 01
f				received a written d	eterminatior	n from the I	RS that it is a	a Type I, Ty	pe II, or Type	III suppor	ting organization,
		check	this box								T F
g				2006, has the organ	ızatıon acce	pted any gr	ft or contribu	tion from an	y of the		
			ng persons?	rectly or indirectly o	controls out	har alona or	together wit	h narsans di	accribed in (ii	١	Vaa Na
				governing body of th				ii persons di	escribed iii (ii		g(i) Yes No
				er of a person descr			511.				g(ii)
							, abovo 2				g(iii)
h				lled entity of a persong information about						111	9("")
"		FIOVIU	e the followi	ng miormation about	the support	.eu organiza	ition(s)				
) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) Is	the	(vii) A mount o
_	suppoi		(, -1.1	organization	organizat		the organ	•	organizat		monetary
OI	ganiz	ation		(described on	col (i) lis	sted in	ın col (i)	of your	col (i) org	janized	support
			lines 1 - 9 above	your gove	_	suppo	ort?	ın the U	S?		
				or IRC section (see	docume	ent?					
				(see instructions))							\dashv
				,	Yes	No	Yes	No	Yes	No	
Total								1	1	1	ı

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493044016924

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number EMORY & HENRY COLLEGE** 54-0505892 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

For o	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?	Yes		1,396	
j	Total Add lines 1c through 1i			1,396	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
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		l		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c)(5), o	r section	

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	,	Emory & Henry College pays membership dues to the Council of Independent Colleges in Virginia, Inc. The percentage of membership dues that is used for lobbying is 11 7%

1 1

DLN: 93493044016924

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization EMORY & HENRY COLLEGE				Employer identification number					
EMI	DRY & HEINRY COLLEGE		54-0505892						
Pa	rt I Organizations Maintaining Donor Adv								
	organization answered "Yes" to Form 990	•	<u> </u>	(1) 5					
	Total number at and afterna	(a) Donor advised funds		(b) Funds and other accounts					
L	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 advisor funds are the organization's property, subject to the or		or advi	red √Yes √No					
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	_							
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	certifie	d historic structure					
	easement on the last day of the tax year	ı		Held at the End of the Year					
_	Total number of conservation easements		2a	Held at the End of the Year					
a b	Total acreage restricted by conservation easements		2a 2b						
	Number of conservation easements on a certified histo	oric structure included in (a)							
C	Number of conservation easements included in (c) acc	` '	2c						
d	historic structure listed in the National Register	fulled after 0/17/00, and not on a	2d						
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	e organization during					
	the tax year 🛌								
1	Number of states where property subject to conservat	ion easement is located 🕒							
5	Does the organization have a written policy regarding t		— dling of	violations and					
•	enforcement of the conservation easements it holds?			☐ Yes ☐ No					
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	uring the year					
	<u>*</u>								
7	Amount of expenses incurred in monitoring, inspecting \$\blue\$, and enforcing conservation easements	s during	g the year					
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	'(0(h)(4)(B)(ı)					
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th	e footnote to the organization's financial		se statement, and					
ar	the organization's accounting for conservation easemet Organizations Maintaining Collection		or Otl	ner Similar Assets.					
	Complete if the organization answered "Y								
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furtherance of public					
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,							
	(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, histor following amounts required to be reported under SFAS		or finan						
а	Revenues included in Form 990, Part VIII, line 1			► \$					
	The state of the s			· +					

b Assets included in Form 990, Part X

	Organizations Maintaining Co										
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch			-		significant	use of	ıts	
а	Public exhibition		d	ı	Loan or ex	change progi	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	v they	further the	organızatıor	's ex	empt purpo	se in		
5	During the year, did the organization solicit							ıılar	_	.,	
Dar	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang		-		_			oc" to For	,	Yes	│ No
	Part IV, line 9, or reported an an					on answere	u i	es (0 1 0 1 1	11 990	',	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for co	ntributions	or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving ta	ble	_					
									Amou	nt	
С	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 Fo	orm 990, Part X, line	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natior	n has been	provided in F	art >	KIII			Г
Pa	rt V Endowment Funds. Complete	f the organization	า ans	were	d "Yes" to	Form 990,	Par				
		(a)Current year	(b)	Prior ye		Two years back	+	•	_		ears back
1a	Beginning of year balance	80,278,425			75,727	71,605,236		66,842,6	_		4,383,239
b	Contributions	1,921,926		1,80	50,439	949,140		313,2	23		1,939,474
С	Net investment earnings, gains, and losses	8,457,218		-1,78	32,563	14,835,310		8,368,7	56	- 1	5,544,879
d	Grants or scholarships	0			0	C			0		0
e	Other expenditures for facilities and programs	3,834,582		3,5	75,178	3,613,959		3,919,4	18		3,935,159
f	Administrative expenses	0			0	C			0		0
g	End of year balance	86,822,987		80,2	78,425	83,775,727		71,605,2	36	6	6,842,675
2	Provide the estimated percentage of the cur	ent year end baland	e (lın	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨	14 %									
b	Permanent endowment ► 50 %										
С	Temporarily restricted endowment ► 3	6 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation 1	hat a	e held and	administere	d for	the			
3a	organization by	_		that a	e held and	administere	d for	_	- (1)	Yes	No
3a	organization by (i) unrelated organizations						d for	[3a(i)	Yes	No
	organization by (i) unrelated organizations (ii) related organizations						d for	[3a(ii)	Yes	
	organization by (i) unrelated organizations	ns listed as required	 d on S	 chedu	 		d for	[Yes	No
b 4	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	chedu	 ile R? .		d for	[3a(ii)	Yes	No
b 4	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	cheduent fu	 ile R? .	(b)Cost or o	ther	[3b ated		No
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the content of	ns listed as required ne organization's en	d on S	cheduent fu		(b)Cost or o	ther r)	[3b ated	(d) Bo	No No
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the company of	ns listed as required ne organization's en	d on S	cheduent fu	ile R? . Inds Ine 10. Cost or other (investment)	(b)Cost or o basis (other)	ther r)	[3b ated n	(d) Bo	No No ok value
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	cheduent fu	ile R? nds line 10. Cost or other (investment)	(b)Cost or o basis (other) 1,865	ther r)	(c) Accumula	3b ated n	(d) Bo	No No No bk value
b 4 Par	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S	cheduent fu	ile R? inds line 10. Cost or other (investment)	(b)Cost or o basis (other) 1,865 91,470	ther r) ,156 ,519	(c) Accumula	3b atted n a,246	(d) Bo	No No No bk value 1,865,156 7,147,273
b 4 Par 1a b c d	organization by (i) unrelated organizations	ns listed as required ne organization's en	d on S dowm 0, Pa	cheduent fu	lle R? Inds Inne 10. Cost or other (investment)	(b)Cost or o basis (other) 1,865 91,470 14,872	ther r) ,156 ,519	(c) Accumula depreciation 24,323	3b atted n a,246	(d) Bo	No No No bk value 1,865,156 7,147,273

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) Diversified Inflation Hedge	6,436,625	F
(B) Alternatives	12,922,383	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 19,359,008	
Part VIII Investments—Program Related.	/ /	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	, line 15. scription	(b) Book value
(a) Des	remption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	e 15)	
Part X Other Liabilities. See Form 990, Pa		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
FMV of Interest Rate Swap Agreement	1,643,392	
Annuity & Trust Obligations	987,214	
A mounts Held on Behalf of O thers	54,210	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,684,816	
2. Fin 48 (ASC 740) Footnote In Part XIII provide the		tion's financial statements that reports the

D	W. Bossasilistian of Bossassa now Audited Financial Chatemante With Bossassa	D	- 4
Par	•		
1	Total revenue, gains, and other support per audited financial statements	1	36,721,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,957,685
3	Subtract line 2e from line 1	3	32,763,481
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	13,795,132
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	46,558,613
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	28,124,620
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,124,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	13,795,132
			, ,

Part XIII Supplemental Information

5

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment consists of approximately 400 individual funds, the majority of which support students directly through various scholarships. Approximately 60 of the funds provide support to program services for professorships, program chairs, lectureships, faculty travel and research, and other academic program expenses. A few funds are restricted for other purposes and some are used to subsidize various programs and projects of the college.
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Change in funds held in trust by others \$164,388, Change in fair value of swap agreements \$703,796, Loss on disposal of boiler (\$565,173), Other (\$1449)
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Financial Aid \$13,795,132
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial Aid \$13,795,132

41,919,752

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493044016924

OMB No 1545-0047

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.

2012

Open to Public

Name of the organization EMORY & HENRY COLLEGE

Employer identification number

	54-0505892			
Pai	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	I
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		Yes	
	predate explain. If you need more space use furth	3	res	
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
	basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	1
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			ı
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	_ 		No
	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	- - 6a	Yes	ı
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pendiscrimination? If "No," explain on Part II.		V s -	ſ

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Emory & Henry College publishes the following statement, "Emory & Henry College does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or physical handicap in administration of its educational policies, hiring policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Emory & Henry College affirms the dignity and worth of every individual
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Funds are received from the Virginia Department of Taxation for student financial aid under the Virginia Tuition Assistance Grant Program Funds are also received under various Federal Student Financial Aid Programs, including Federal Work Study, Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, and Federal Direct Loans

Schedule E (Form 990 or 990-EZ) 2012

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

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

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

OMB No 1545-0047

DLN: 93493044016924

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

Inspection

Name of the organization						Employer identification	on number
EMORY & HENRY COLLEGE						54-0505892	
Part I General Information	on on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to avanta Describe in Part IV the organization 	ward the grants or as atıon's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			✓ Yes N
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
Enter total number of section 5Enter total number of other organization						· · · • _	
For Paperwork Reduction Act Notice, se				Cat No 50055P			e I (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Grants and scholarships to 891 students to assist with the cost of attendance at Emory & Henry College, while pursuing a variety of bachelor of arts and science degrees. The cost of attendance includes tuition, books, room, board, and other living expenses.	891	13,795,132		0 Book Value	
(2) Grants to faculty and students to aid with research expenses, travel expenses, and supplies and equipment in various academic areas	50	347,093	1	0 Book Value	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		Emory & Henry College maintains complete records for the grants and scholarships provided to all individuals. Those records indicate the criteria used to award the grants, documentation supporting the grantee's eligibility of the award, and substantiation for the amounts awarded. Documentation is also maintained as to when and how the funds are utilized. Where appropriate, periodic reports are prepared, summarizing the allocation of funds and a reconciliation of the amounts spent for each grant and scholarship. The college employs individuals whose primary responsibilities are to oversee the process of distributing financial grants and scholarships. The number of scholarship and grant recipients for cost of attendance are tracked by the administrative system. The number of faculty and student recipients for research, etc. are estimated based on the type of grants awarded and the number of participants.

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

DLN: 93493044016924

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **EMORY & HENRY COLLEGE**

Employer identification number

54-0505892

Pa	rt I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
	and colors, trastices, and the GEO/Exceative Director, regarding the items effected in fine 14	2	Yes			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	Compensation committee Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(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					
а	The organization?	5a		Νo		
b	Any related organization?	5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
b	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo		
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		Νo		
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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred
		compensation	incentive compensation	reportable compensation	compensation			ın prior Form 990
(1)Dr Rosalınd Reichard President	(j)	226,400 0	0 0	0	0	62,677 0	289,077 0	0
(2)Dr Dirk Wilmoth VP for Business & Finance	(i) (ii)	115,000 0	0	0	0	56,094 0	171,094 0	0
(3)David Hawsey VP for Enrollment	(i) (ii)	118,370 0	0 0	0	0	51,996 0	170,366 0	0
(4) Joseph Taylor VP for Institutional Advancement	(i) (ii)	110,000 0	0 0	0	0	46,061 0	156,061 0	0

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

The complete the parties and addition		
Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	, ,	Housing is provided to the President of the College The house is located on the campus, is furnished for the convenience of the College, and is a condition of employment Housekeeping is provided at the residence in all public areas, as it is used for entertainment and business activities of the College

Schedule J (Form 990) 2012

DLN: 93493044016924

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection Employer identification number**

Internal Revenue Service Name of the organization

Department of the Treasury

EMORY & HENRY COLLEGE

54-0505892

	54-0505892														
P	art I Bond Issues		T	1								1			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	on of purpose	(g) De	feased	beh	(h) On behalf of ıssuer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	IDA of the Town of Saltville VA	54-1090126		08-26-2003	5,20	00,000	Refin	Refinance 1993 Bonds			х		х		х
В	IDA of Washington County VA	52-1324605		12-22-2004	5,00	00,000	C a m P r o j e	npus Energy : ect	Savings		×		×		Х
С	IDA of Washington County VA	54-1324605		12-23-2005	2,50	00,000		struction of 2	2 Student		х		Х		Х
D	IDA of Washington County VA	54-1324605		12-22-2006	10,00	00,000		ovation of 2 (nin Buildings	Classroom &		х		Х		Х
P	art II Proceeds	•		•				<u> </u>		•		•			•
						A		I	В		С			D	
1	A mount of bonds retired					2,600,	,000		4,250,000		93	7,500		3	,250,000
_2	A mount of bonds legally defea	sed					0		0			0			0
3	Total proceeds of issue					5,200,	,000		5,000,000		2,50	0,000		10	,000,000
4	Gross proceeds in reserve fund				0 0				0	<u> </u>		0			
5	Capitalized interest from proce						0 156,064			50,218				659,374	
6	Proceeds in refunding escrows						0		0		0				0
7	Issuance costs from proceeds					76,	,568		55,829	49,8		9,805			61,146
8	Credit enhancement from proc						0		0			0			0
9	Working capital expenditures f	from proceeds					0		0	(0	0		0
10	Capital expenditures from proc	ceeds				5,123,	,432		4,788,107		2,39	9,977 9,279		,279,480	
11	Other spent proceeds						0		0			0			0
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion	ı			20	2003 2006		2	007			2008			
					Yes	No		Yes	No	Yes	<u> </u>	lo ol	Yes	;	No
14	Were the bonds issued as part	of a current refundi	ing issue?		Х				Х		,	x			Χ
15	Were the bonds issued as part	of an advance refur	nding issue?			Х			Х			×			Х
16	Has the final allocation of proc	ceeds been made?			Х			Х		Х			Х		
17	Does the organization maintain allocation of proceeds?	n adequate books aı	nd records to supp	ort the final	×			×		X			Х		
Pa	rt Private Business U	lse									•				
l						<u> </u>		 	В		C			D	
					Yes	No)	Yes	No	Yes	1	No	Yes	;	No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
					B			<u>C</u>		D
3a	Are there any management or service contracts that may result in private	hiisiness iise	Yes	No	Yes	No	Yes	No	Yes	No
3a	of bond-financed property?	business use		Х		Х		Х		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×		Х		Х		х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0%		0%		0 %	0	0%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth (c)(3) organization, or a state or local government			0%		0%		0 %	0	0%
6	Total of lines 4 and 5			0%		0%		0 %	0	0 %
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bounssued?			х		Х		х		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%	•	%		0,	o	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements un- Regulations sections 1 141-12 and 1 145-2?			х		х		×		х
Doo										
Par	t IV Arbitrage	Α			 В		С			
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?	×		Х		Х			Х	
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	_								
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	<u>'</u>			
3	Is the bond issue a variable rate issue?	Х			Х	Х			Х	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х			Х	Х			Х	
b	Name of provider	Bank of Amer	ca			Bank of	A merica			
С	Term of hedge		20					20		20
d	Was the hedge superintegrated?		Х					Х		Х
e	Was a hedge terminated?		Х					Х		Х
					•	-				

Part IV Arbitrage (Continued)

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Χ

				В	В		C		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		×
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	х			Х	Х		X	
7	Has the organization established written procedures to monitor the requirements of section 148?		х		Х		х		Х
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified		V		V		V		.,

Part VI	Supplemental Info	ormation. Complete this part to p	provide additional information for responses to questions on Schedule K (see instructions).
	Ident if ier	Return Reference	Fyplanation

Χ

Χ

Schedule K (Form 990) 2012

Χ

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

DLN: 93493044016924

2012

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization **EMORY & HENRY COLLEGE**

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505892

Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased	beha	(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No	
IDA of Washington County VA					Construction of Student							

52-1324605 12-30-2009 5,500,000 Housing IDA of the Town of Saltville VA Construction of Brooks Field Χ 54-1090126 06-16-2011 2,500,000 Χ Χ House IDA of the Town of Saltville VA Construction of Student 54-1090126 12-16-2011 7,500,000 Χ Χ Χ Housing

Part II	Proceeds

			١ .	ı	В	С		[)
1	A mount of bonds retired		352,637		0	140,000			
2	A mount of bonds legally defeased	0 0			0				
3	Total proceeds of issue		5,500,000		2,500,000		7,500,000		
4	Gross proceeds in reserve funds		0		0		0		
5	Capitalized interest from proceeds		46,868		42,699		8,507		
6	Proceeds in refunding escrows		0 0			0			
7	Issuance costs from proceeds		41,636 77,829			108,569			
8	Credit enhancement from proceeds		0		0	0			
9	Working capital expenditures from proceeds		0		0	0			
10	Capital expenditures from proceeds		5,411,496		2,379,472	7,382,924			
11	O ther spent proceeds		0	0 0		0			
12	O ther unspent proceeds		0 0		0				
13	Year of substantial completion	2010 2012		12	20	12			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х		Х		

allocation of proceeds? Part IIII Private Business Use

15

16

17

	1 11 Vate Basiness esc								
			4	ı	В	•	С	Γ)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		
=								1 1 1//=	222) 2242

Χ

Χ

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

Has the final allocation of proceeds been made?

Χ

Χ

Х

Χ

Χ

Χ

Χ

Page **2** Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 0% 0% 0% (c)(3) organization, or a state or local government Total of lines 4 and 5 0% 0% 0% % Does the bond issue meet the private security or payment test? 7 Х Х Х Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Exception to rebate? Х Х Χ b No rebate due? c Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Pai	til V Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		х		Х		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		Х		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		Х		
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		х		Х		Х		

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier Return Reference Explanation

Schedule K (Form 990) 2012

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization EMORY & HENRY COLLEGE **Employer identification number**

54-0505892

ldentifier	Return Reference	Explanation
. – – – .	Form 990, Part III, Line 2	Construction on the first building in the new School of Health Sciences was completed International programs were strengthened through the development of new student exchange programs with the University of Exeter and the University of Nottingham in the United Kingdom, and Dublin City University in Ireland. The Hermesian Society (a student debating society) was re-established, with the first two debates held in the historic Hermesian Room. Students moved into the first PassiveHaus residence hall in the United States, located in the center of campus. A 3-D Art Studio and a Theatre Workshop building were completed and are now occupied by students and faculty. Construction began on the visual and performing arts center, which will provide students, faculty, and the community with state-of-the-art facilities for music and theatre performances, and art exhibits, as well as WEHC mass communication studios. A popular local restaurant opened a location in a college building to provide new dining options for students, faculty, and the community.
	Form 990, Part VI, Section B, Line 11b	The completed Form 990 is reviewed by the President, VP for Business & Finance, and members of the Business Affairs/Audit Committee of the Board of Trustees prior to filing the return
	Form 990, Part VI, Section B, Line 12c	All Board members, the President, and the Vice Presidents of the College are required to complete a Conflict of Interest Questionnaire on an annual basis. The questionnaire is designed to disclose any conflict of interest so that the Board can address the conflict directly and immediately. If, at any time during the fiscal year, a questionable relationship arises, the Executive Committee will address immediately.
	Form 990, Part VI, Section B, Line 15	The Board of Trustees Executive Committee has the responsibility of reviewing the salary and benefits of the President of the College on an annual basis. A performance evaluation is completed, and then reported to the full Board. The Executive Committee develops appropriate recommendations, based on the evaluation, for consideration by the full Board. Comparable data is compiled from peer institutions, and other standard college and university organizations and publications for purposes of determining appropriate levels of salary and benefits. The Human Resources Manager and the President compile comparable information in regard to other officers of the College and the President makes adjustments, as appropriate, and as fiscally responsible budgets will allow.
	Form 990, Part VI, Section C, Line 19	Emory & Henry College makes its governing documents, conflict of interest policy, and copies of the Form 990 available to the public upon request. The Form 990 is also available for public inspection on a public website
	Form 990, Part XI, Line 9	Loss on the disposal of a boiler (\$565,173), Other (\$1449)

SCHEDULE R Related Org

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

2012

DLN: 93493044016924

Open to Public Inspection

RY & HENRY COLLEGE				54-050	5892			
art I Identification of Disregarded Entities (Comple	te if the organizatio	n answered "Yes" t	o Form 990, P	art IV, line 33	.)			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	s C	(f) Direct controlling entity		
rt II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	:ations (Complete i ne tax year.)	f the organization a	answered "Yes	" to Form 990,	Part IV,	line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction (e) Public chari (if section 5	ty status	(f) Direct controlling entity	Section (13) co	
							Yes	No
aperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	2012

because it had one or more r	eiateu organizations ti	(b)	(c)	(d)			(f)	(a)	/1	1)	(i)	Ci	<u>, I</u>	(k)
(a) Name, address, and EIN related organization	of	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predon Income(unrela exclude tax u section	minant related, ated, ed from inder is 512-	(f) Share of total income	(g) Share o end-of-ye assets	f Dispro ear alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percentage ownership
			ļ						Yes	No		Yes	No	
Byars & Wiley LLC ox 947 ry, VA 24327 421163		Rental Real Estate	VA	N/A	Unrelated	d				No		Yes		98 99 %
Identification of Related C line 34 because it had one or									answe	red "Y	es" to Forn	า 990), Par	t IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	jn	(d) Direct contro entity		(e) /pe of ent (C corp, sorp, corp, or trust)	S Incor	f total SI	(g) hare of en of-year assets		(h) Percentage ownership	Sec (t	(i) tion 512 tion 512 trolled ntity?	2
										_		Ye	es	No

Part	iransactions with Related Organizations (Complete if the organization	answered "Yes" to Fori	n 990, Part IV, iin	e 34, 35b, or 36.)			
N-	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or m	ore related organizations l	ısted ın Parts II-IV?				
a R	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b G	Gift, grant, or capital contribution to related organization(s)				1b		No
c G	ift, grant, or capital contribution from related organization(s)				1c		No
d L	oans or loan guarantees to or for related organization(s)				1d		No
e L	oans or loan guarantees by related organization(s)				1e		No
f D	Dividends from related organization(s)				1f		No
g S	ale of assets to related organization(s)				1g		No
h P	urchase of assets from related organization(s)				1h		No
i Ex	xchange of assets with related organization(s)				1i		No
j Le	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		No
I Pe	erformance of services or membership or fundraising solicitations for related organization(s)				11		No
m Pe	erformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sh	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o S	haring of paid employees with related organization(s)				10		No
p R	Reimbursement paid to related organization(s) for expenses				1р		No
q R	teimbursement paid by related organization(s) for expenses				1q		No
r 0	ther transfer of cash or property to related organization(s)				1r	Yes	
s 0	ther transfer of cash or property from related organization(s)				1 s	Yes	
2 If	f the answer to any of the above is "Yes," see the instructions for information on who must com		overed relationships	•			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ır	nvolved	
(1) Byars	s & Wiley LLC	r	1,000	Independent Certified Public Accordance	untant		
(2) Byars	s & Wiley LLC	S	1,361,766	Independent Certified Public Accordation	untant		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 54-0505892

Name: EMORY & HENRY COLLEGE

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to pr	<u>ovide additional information for response</u>	es to questions on Schedule R (see instructions)	
Identifier	Return Reference	Explanation	
_			