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DLN: 93493043013384

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

2012

Open to Public

	r the		Jandan san autaw san basinnin	07 01 2012d and and and	06 20 2012			Inspection	
B Che		pplicable	C Name of organization	ng 07-01-2012 , 2012, and ending (06-30-2013	D Emplo	yer iden	tification number	
	me cha	_	Doing Business As			54-0:	003922		
— _{Init}	ial retu	m	Number and street (or P O box if r	mail is not delivered to street address) Roo	m/suite	E Telenh	one numb	ner	
— Ter	mınate	d	1501 Lakeside Drive				544-8		
Am	ended	return	City or town, state or country, and Lynchburg, VA 24501	ZIP + 4		(+3+)	344 0	120	
App	olication	n pending	·			G Gross i	eceipts \$	128,821,674	
			F Name and address of pri Stephen E Bright	ncıpal officer	H(a)) Is this a group affiliates?	return	for ┌ Yes ┌ No	
			1501 Lakeside Drive Lynchburg, VA 24501						
			Lynchburg, VA 24301		H(b)			led? \(\text{Yes} \(\text{No} \) see instructions)	
I Ta:	x-exem	npt status	5 ▼ 501(c)(3)	(insert no) 4947(a)(1) or 527					
J W	ebsite	e: ► wv	w lynchburg edu		H(c)	Group exempt	ion num	iber 🕦	
K Forr	n of org	ganızatıoı	n Corporation Trust Association	on Other ►	LY	ear of formation 19	003 M	State of legal domicile VA	
Pa	rt I	Sun	nmary		•				
Activities & Governance	- -	educatı resıden and the	c, professional, spiritual, and soconal experiences that are ground tial community. The College servex pertise of faculty, staff, and significant serve this box.	enhanced programs,	by professional s cultural opportui	studies, nities, re	and nurtured by a esources, services,		
ě H	3 1	Number	r of voting members of the govern	ning body (Part VI, line 1a)			3	38	
ੂ ਤੂ				of the governing body (Part VI, line			4	34	
•	5	Total nu	umber of individuals employed in	calendar year 2012 (Part V, line 2	a)		5	1,90	
	l			necessary)			6	(
	l		nrelated business revenue from F elated business taxable income	Part VIII, column (C), line 12			7a 7b	161,267	
	<u> </u>	ivec ann	ciacca basiness taxable income		· · ·	Prior Year	1 75 1	Current Year	
	8	Contr	ributions and grants (Part VIII, I	ıne 1h)		4,543,	067	5,654,028	
Revenue	9	_		ıne 2g)		83,025,	043	85,883,824	
Reve	10		stment income (Part VIII, colum	1,375,	75,031 1,000,183 45,994 690,245				
	11 12			, lines 5, 6d, 8c, 9c, 10c, and 11e) L (must equal Part VIII, column (A)		145,	994	690,245	
		12)	<u> </u>	<u> </u>		89,089,	_	93,228,280	
	13 14			t IX, column (A), lines 1-3) IX, column (A), line 4)		27,631,	613	28,824,505	
	15			ee benefits (Part IX, column (A), lin			0		
Expenses		5-10))				36,661,976 37,7		
<u>₹</u>	16a			, column (A), line 11e)	· ·	23,	500	24,000	
Δ	b 17		fundraising expenses (Part IX, column (E r expenses (Part IX, column (A))), line 25) № 1,932,234 lines 11a–11d, 11f–24e)	_	22,973,	880	24,016,470	
	18			ust equal Part IX, column (A), line 2			87,290,969 90,661,340		
	19	Reve	nue less expenses Subtract line	18 from line 12		1,798,	166	2,566,940	
90 20 20					Ве	eginning of Curre Year	nt	End of Year	
SS et al.	20	Total	assets (Part X, line 16)			153,341,	321	176,522,699	
Net Assets or Fund Balances	21					35,904,		47,842,243	
	22 (1)		ssets or fund balances Subtract nature Block	line 21 from line 20		117,436,	818	128,680,456	
Unde my kı	r pena nowled irer ha	alties of dge and as any k	f perjury, I declare that I have ex l belief, it is true, correct, and con knowledge nature of officer ve Bright VP for Business & Finance	amined this return, including accommplete Declaration of preparer (oth					
		<u> </u>	e or print name and title	Droparode elapature	Doto		DTIN		
Paid	4		Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	PTIN		
	ر pare	_{er} [Firm's name ►			Firm's EIN 🟲			
	On		Fırm's address ►			Phone no			
		- 1				1			

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

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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?	20b		

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		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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 IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV \cdot \cdot \cdot \cdot$	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	 -	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 133		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	1		
		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-2	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
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			Na
d	file Form 8282?	7c		No
u	74 Tes, indicate the number of forms 5252 med during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
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			
С	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		

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

Se	ction 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
	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
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	<u>even</u> u		
40-	Diddhaannan harra baraban harra baraban an office a	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.5	.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 ►Steve Bright 1501 Lakeside Drive Lynchburg, VA (434) 544-8428

Form	990	(2012
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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 than one box, unless person is both an officer and a director/trustee) orga				unless 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 11130)	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) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima Estima amount o compen from	ated of other sation the
		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)	organizat relat organiza	ed
1b	Sub-Total				•		•	, T				
c d	Total from continuation sheet Total (add lines 1b and 1c) .		ection A	`	٠.	٠.		•	1,747,749	0	1	248,722
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	ıan		
											Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key	emplo	yee, •	or highest compen	sated employee	3	No
4	For any individual listed on line organization and related organ individual										4 Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5	No
Se	ection B. Independent Co	ntractors										
1	Complete this table for your five compensation from the organization from the organizati	ve highest comp										r

(A) Name and business address	(B) Description of services	(C) Compensation
Commonfund 15 Old Danbury Road Wilton CT 068978012	Investment Services	580,034
Dominion Seven Architects 1000 Jefferson Street Suite 2A Lynchburg VA 24504	Architectual Services	601,069
Sherwin-Williams Flooring 4004 Murray Place Lynchburg VA 245015004	Construction	158,214
Ameresco Inc 111 Speen Street 4th Floor Framingham MA 01701	Energy Services	272,742
J E Jamerson & Sons Inc P O Box 395 Appomattox VA 24522	Construction	568,991
3 Total number of independent contractors (including but not limited to these	a listed above) who recoived more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Form 99		•						Page 9
Part V	/ ! ! !	Statement o Check if Schedu	o f Revenue ule O contains a respor	nse to any question i	n this Part VIII		<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s £	1a	Federated cam	paigns 1a	0				
ant	ь	Membership du	ies 1b	0				
و ق	С	Fundraising eve	ents 1c	10,612				
Gifts, Grants ilar Amounts	d	Related organiz	zations 1d	0				
æ, 6	e	Government grants	s (contributions) 1e	602,346				
io I Si	f	All other contribution	ons, gifts, grants, and 1f	5,041,070				
Contributions, Giffs, Grants and Other Similar Amounts	g	sımılar amounts no Noncash contribution 1a-1f \$	ot included above	622,105				
No.	h	Total. Add lines	s 1 a - 1 f		5,654,028			
				Business Code				
ınıe	2a	Tuition and Fees		611310	68,871,583	68,871,583	0	o
95 95	ь	Auxiliary Services		900099	14,804,126	14,804,126	0	0
- Ce	С	Miscellaneous Inco	me	900099	2,046,848	2,046,848	0	0
že. Ze	d	Auxiliary-Catering		900099	161,267	0	161,267	0
E .	е							
Program Serwoe Revenue	f	All other progra	am service revenue		0	О	0	0
<u>~</u>	g	Total. Add lines	s 2a – 2f		85,883,824			
	3		ome (including dividend ar amounts)		1,586,198	o	0	1,586,198
	4		stment of tax-exempt bond	<u> </u>	0	0	0	0
	5	Royalties	<u></u>	🕨	0	0	0	0
			(ı) Real 0	(II) Personal				
	6a b	Gross rents Less rental	0	0				
		expenses Rental income	0	0				
	, c	or (loss)		0	0	0	0	0
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	0	0	0	
	7a	Gross amount from sales of assets other	34,973,505	19,718				
	ь	than inventory Less cost or						
		other basis and sales expenses	35,570,935	8,303				
	С	Gain or (loss)	-597,430	11,415				504.045
	d 8a	Net gain or (los Gross income f	ss)		-586,015	0	0	-586,015
Other Revenue		events (not inc \$10	luding ,612 s reported on line 1c)					
ب ج	h	1000 400-4	noncos h	18,940				
Ě	b c		penses b (loss) from fundraising (14,156 events .	4,784		0	4,784
•		Gross income f	rom gaming activities ne 19					
	ь	Less directev	penses b					
	c		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	owances .					
	ь	less costofa	a oods sold b					
	ı	=	(loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
		Change in Inter Agreement	rest Rate Swap	900099	685,461	0	0	685,461
	Ь							
	c d	All other reven	ue		0	0	0	0
	e	Total. Add lines	l	🕨	605.161	-		
	12	Total revenue.	See Instructions	▶	685,461	25		, <u></u> -
	1			-	93,228,280	85,722,557	161,267	1,690,428

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 28,562,242 28,562,242 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 262,263 262,263 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and 1,336,155 472,537 580,615 283.003 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 27,628,527 24,994,457 1,749,225 884,845 Pension plan accruals and contributions (include section 401(k) 2,078,259 1,880,624 130,553 67,082 and 403(b) employer contributions) 4,578,935 4,206,962 248,583 Other employee benefits 123,390 10 2,174,489 1,918,769 170,263 85,457 11 Fees for services (non-employees) O 0 Ω 0 Management 98,359 0 98,359 0 Legal 72,361 0 72,361 0 0 0 O Ω Lobbying 24,000 Professional fundraising services See Part IV, line 17 24,000 Investment management fees 580,034 0 580,034 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 0 0 Schedule O) Advertising and promotion . . 103,815 54,603 49,176 12 36 13 Office expenses . . . 1,225,752 978,760 99,611 147,381 1,385,108 11,286 39,774 14 Information technology . . 1,436,168 15 0 0 0 0 Royalties . 3,108,536 3,015,280 62,171 31,085 16 Occupancy **17** 1,015,298 753,884 116,469 144,945 Travel 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 0 0 20 1,272,101 1,272,101 0 0 Payments to affiliates 0 0 21 O 0 0 4,203,384 4,203,384 0 22 Depreciation, depletion, and amortization . 23 112,123 112,123 0 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) a Food Purchases-Dining Services 2,039,112 2,039,112 0 0 Indirect Cost Allocation-Auxiliary/Other 3,002,671 3,002,671 0 0 0 0 C Purchases-Campus Store 1,073,011 1,073,011 d All other expenses 4,673,745 е 4,188,756 363,733 121,256 Total functional expenses. Add lines 1 through 24e 25 90,661,340 84,264,524 4,444,562 1,952,254 Joint costs. Complete this line only if the organization 26 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

	T X	Check if Schedule O contains a response to any question in th	ıs Paı	t X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			21,604	1	22,460
	2	Savings and temporary cash investments			4,624,079	2	14,783,256
	3	Pledges and grants receivable, net			2,660,995	3	3,488,919
	4	Accounts receivable, net			606,763	4	965,747
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P Schedule L	art II	of	0	5	0
ts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	ibuting employers	0		0	
Assets	7	Notes and loans receivable, net			1,650,367	7	1,769,445
ď	8	Inventories for sale or use			661,631	8	653,338
	9	Prepaid expenses and deferred charges			290,151	9	661,284
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	118,273,665			001,204
	ь	Less accumulated depreciation	10b	63,998,404	10c	66,937,082	
	11	Investments—publicly traded securities	59,781,145	11	66,055,857		
	12	Investments—other securities See Part IV, line 11	18,712,866	12	20,622,717		
	13	Investments—program-related See Part IV, line 11	0		0		
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			333,316		562,594
	16	Total assets. Add lines 1 through 15 (must equal line 34).			153,341,321	16	176,522,699
	17	Accounts payable and accrued expenses			6,050,548		6,319,317
	18	Grants payable			0	18	0
	19	Deferred revenue			1,721,740		2,256,227
	20	Tax-exempt bond liabilities			22,904,114	20	34,985,380
	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	0
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, t				
Liabiliti		persons Complete Part II of Schedule L			0	22	0
ä	23	Secured mortgages and notes payable to unrelated third partie			1,761,469	23	1,541,031
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ted t	hird parties,			
		D			3,466,632	25	2,740,288
	26	Total liabilities. Add lines 17 through 25			35,904,503	26	47,842,243
s e o		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	ু ar	d complete			
<u>a</u>	27	Unrestricted net assets			50,192,818	27	53,503,467
е Ш	28	Temporarily restricted net assets			36,380,606	28	43,128,827
Ξ	29	Permanently restricted net assets			30,863,394	29	32,048,162
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🕨	- ┌─ and			
ō	30	Capital stock or trust principal, or current funds				30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Α. Α.	33	Total net assets or fund balances			117,436,818	33	128,680,456
Net							
	34	Total liabilities and net assets/fund balances	• •		153,341,321	34	176,522,699

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)	1		93,2	228,280
2	Total expenses (must equal Part IX, column (A), line 25)	2			61,340
3	Revenue less expenses Subtract line 2 from line 1				
		3		2,5	66,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		117,4	36,818
5	Net unrealized gains (losses) on investments	5		8.8	317,807
6	Donated services and use of facilities				717,007
		6			0
7	Investment expenses	7			0
8	Prior period adjustments				
_	<u></u>	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 1	.41,109
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		128,6	80,456
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed 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 separ basis, consolidated basis, or both	ate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of 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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired	3b	Yes	

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

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ıste	es,	Rey	EII	npioyees, nigne	s.	
(A) Name and Title	(B) Average hours per week (list any	dire	than pers office ctor/	not one on is ran trust	box s bot d a cee)	, 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
Alan A Burgess Trustee	1	x						0	0	0
Howard M Butler Trustee	10	х						0	0	0
Carol Calandra Trustee	10	х						0	0	0
Fred R Cawthorne Trustee	10	х						0	0	0
Charles P Collings Trustee	1 0 0	×						0	0	0
Stephen L Crank Trustee/Corporate Officer	1 0	×		х				0	0	0
Beverly E Dalton Trustee	1 0	×						0	0	0
Richard O Danker Trustee	1 0 0	×						0	0	0
MaryJane Tousignant Dolan Trustee	1 0 0	х						0	0	0
Julie P Doyle Trustee	1 0 0	x						0	0	0
Douglas D Drysdale Trustee	1 0 0	х						0	0	0
Rebecca DuFour Trustee	1 0 0	×						0	0	0
Elena Edwards Trustee	1 0 0	×						0	0	0
Mary S Elcano Trustee/Corporate Officer	1 0	х		х				0	0	0
Stuart C Fauber Trustee	1 0	х						0	0	0
Pauline B Flint Trustee/Corporate Officer	1 0	х		х				0	0	0
Suzanne F Flynn Trustee	1 0	х						0	0	0
Mary H Futrell Trustee	1 0 0	х						0	0	0
Roger H Green Trustee	1 0 0	х						0	0	0
Yuılle Holt III Trustee	1 0 0	Х						0	0	0
Terry H Jamerson Trustee	1 0 0	Х						0	0	0
Yong H Kım Trustee	1 0	Х						0	0	0
Nathanial X Marshall Trustee/Corporate Officer	1 0	х		х				0	0	0
Philip G Mazzara Trustee	10	Х						0	0	0
J Andrew McKenna Trustee	0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustaa or diliector Institutional hours organizations for employee related organızatıons below Trustee dotted line) 1 A Patrıcıa Merryman Χ 0 0 0 Trustee 0 1 0 Margaret Miller 0 0 Х 0 Trustee 10 Jay W Newkirk 0 0 0 Х Trustee 0 1 Ellen G Nygaard Х 0 0 0 Trustee 0 1 0 Kathryn M Pumphrey 0 0 0 Х Trustee 0 1 0 Mary Rose Ragsdale 0 0 0 Х Trustee 0 1 0 Roy A Roberson Jr 0 0 0 Х Trustee 0 1 0 Rosel H Schewel 0 0 0 Х Trustee 0 10 Andrew J Tatom III Χ 0 0 Trustee 0 10 Thomas A Walker 0 0 0 X Trustee 0 1 0 Charles B White Χ 0 0 0 Trustee 0 1 0 Tucker W Withers 0 Х 0 Trustee 0 10 Percy Wootton 0 0 0 Х 0 60 Kenneth R Garren Χ 371,142 0 47,682 President of the College 0 65 Julius A Sigler Jr Х 125,145 0 16,902 VP and Dean for Academic Affairs 0 50 Χ 0 123.124 15,869 VP and Dean for Student Development 50 Rıta A Detwiler Х 0 122,768 21,831 VP for Enrollment Management 0 50 Denise A McDonald Χ 122,028 0 22,035 VP for Advancement 0 64 Edward A Polloway Х 107,627 0 14,626 VP for Comm Adv & Dean of Grad Studies 0 60 Stephen E Bright 0 Χ 141,971 23,765 VP for Business and Finance and Treas 0 60 John C Lewis Х 122,964 0 21,134 Associate VP for Business & Finance O 40 A Russell Smith Х 126,737 0 21,376 Director/Assoc Professor Physical Therapy O 55 124,943 Χ 0 10,641 Associate Dean for Academic Affairs 0 40 Kevin Brueilly Х 139,599 0 13,451 Assoc Professor 0 40 Atul Gupta 119,701 0 19,410 Professor 0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493043013384

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

LYNCHBURG COLLEGE

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

									54-050		
	rt I			blic Charity Sta				•		ınstruction	S.
The	rganı:			e foundation becaus							
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sche	dule E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect	ion 170(b)(1)(A)(iii).		
4	Γ	A medi	cal researc	n organization operat	ted ın conjun	ction with	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	=	e or univers	sity owned or	operated by	y a governme	ntal unit des	scribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or							
7		_		at normally receives			s support fro	m a governn	nental unit or	from the ge	neral public
8	_			on 170(b)(1)(A)(vi). described in sectior		•	mplete Part	TT \			
9	,		-				-	-	abutions mo	mbarchin fac	s and groce
9	,			at normally receives							
				ities related to its ex							
				oss investment inco						τ ταχιιοιή Γ	,ualliesses
10	_			janization after June							
10	_	_		ganized and operated							
11	ı			ganized and operated ly supported organiz							
			•	bes the type of supp			. , .	•		See section	309(a)(3). Check
				b						Non-function	nally integrated
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled direct	ly or indired	tly by one or	more disqu	alıfıed persons
				on managers and ot	her than one	or more pu	iblicly suppo	rted organız	ations descr	ıbed ın sectı	on 509(a)(1) or
_			1509(a)(2)	received a unitten d		from the T	DC that it is	Tuna I Tu	ma II ar Tun	a III aummas	ting organization
f			this box	received a written de	etermination	i irom the 1	KS that it is a	атурет, гу	pe II, or Typ	e III Suppor	ting organization,
g				2006, has the organi	ızatıon acce	oted any gr	ft or contribu	tion from an	y of the		•
_			ng persons?	,	·	, 5			,		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (···)	Yes No
		and (111) below, the	governing body of th	ie supported	organizatio	on?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)) above?			119	g(iii)
h		Provide	e the follown	ng information about	the support	ed organıza	ition(s)				
							_				
_	i) Nam		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of
	suppoi			organization	organizat		the organ		organiza		monetary
OI	ganiz	астоп		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) or		support
				or IRC section	docume	_] Supp	516	"" ""		
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	7
						1	+	+		+	+
							-	+			+
Tota	1							+			+
	-								1	1	i

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.)	
	ection A. Public Support 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					<u> </u>
	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

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DLN: 93493043013384

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

3

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.

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

Political Campaign and Lobbying Activities

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ 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** LYNCHBURG COLLEGE 54-0505922 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? 3 ☐ Yes Was a correction made? 4a □ 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 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Did the filing organization file Form 1120-POL for this year? Yes 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

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

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

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					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	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 organization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (election under section 501(h)).

_	med Form 57 00 (election under Section 501(n)).	(6	a)		(b)	
For ea activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No		Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?	Yes				3,421
j	Total Add lines 1c through 1i					3,421
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ļ	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		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
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				
Ь	Carryover from last year	2b				
	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					

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

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		The College is a member of the Council of Independent Colleges in Virginia (CICV) which supports Virginia Private Colleges by advocating public policy positions and monitoring legislation impacting the independent higher education community CICV provides a voice for Virginia's independent higher education community and advocates on behalf of the schools, students and their families at the Virginia General Assembly, in Congress, and before agencies, boards, and commissions CICV estimates that 11 70% of the 12-13 membership dues (\$29,237) was used for lobbying

4

5

DLN: 93493043013384

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

	me of the organization CHBURG COLLEGE		Employer identificat	tion numb	er		
LTIN	CHBORG COLLEGE		54-0505922				
Pa	rt I Organizations Maintaining Donor Adv		inds or Accounts.	Comple	te if the		
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds and o	theracco	unte		
1	Total number at end of year	(a) Donor advised funds	(b) runus and o	ther acco	<u> </u>		
- 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 advise funds are the organization's property, subject to the or	<u> </u>	r advised	┌ Yes			
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant funds		Γ Yes	, No		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV	, line 7.			
1 2	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	ertified historic struct	ure			
	easement on the last day of the tax year	Г	Held at the		. Vasa		
а	Total number of conservation easements	-	2a	Ena or the	1 tear		
b	Total acreage restricted by conservation easements	<u> </u>	2b		470		
c	Number of conservation easements on a certified histo	pric structure included in (a)	2c		7,0		
d	Number of conservation easements included in (c) acc	` '	20		-		
_	historic structure listed in the National Register		2d		0		
3	Number of conservation easements modified, transfer the tax year • 0		d by the organization o	luring			
4	Number of states where property subject to conservat		<u> </u>				
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and	√ Yes	┌ No		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year				
7	A mount of expenses incurred in monitoring, inspecting \$\blue{\psi} 0	g, and enforcing conservation easements	during the year				
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	✓ Yes	┌ No		
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial					
Par	Complete if the organization answered "Y		or Other Similar A	Assets.			
1a	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, c	or research in furtherai				
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, c			lıc		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		3,500		
	(ii) Assets included in Form 990, Part X		► \$		3,500		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provid	e the			
а	Revenues included in Form 990, Part VIII, line 1		► \$		0		

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Treas	sures, or C	<u> the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cł	neck a	any of the f	ollowing that	are a	significant i	ıse of	ıts	
а	Public exhibition		d	✓	Loan or e	xchange prog	rams				
b	✓ Scholarly research		e	Γ	Other						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further th	e organızatıoı	ı's ex	cempt purpos	se in		
5	During the year, did the organization solicit o							nılar	_		_
Do	rt IV Escrow and Custodial Arrang		•					os" to Form		Yes	✓ No
Pa	Part IV, line 9, or reported an an					ion answere	u r	es to ron	11 990	',	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					s or other as:	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able	-					
						-			Amou	int	
C	Beginning balance						1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Г	Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	art V Endowment Funds. Complete	If the organization (a)Current year				o Form 990 Two years back				\	an badi
1a	Beginning of year balance	74,636,284	(B)	Prior y 79.(008,989	67,588,78		62,177,0			ears back 32,010,777
b	Contributions	736,267			83,137	1,346,038	_	1,013,9	_		784,675
c	Net investment earnings, gains, and losses	,				, ,		<u> </u>			
		8,666,032			158,653	12,154,58	+-	5,724,2	_	-1	8,381,644
d	Grants or scholarships	1,469,216		1,4	120,685	892,640	1	373,6	92		776,669
е	Other expenditures for facilities and programs	1,427,173		1,3	376,504	1,187,77	3	952,8	36		1,460,103
f	Administrative expenses	0			0	(0		0
g	End of year balance	81,142,194		74,6	36,284	79,008,989	9	67,588,7	83	6	2,177,036
2	Provide the estimated percentage of the cur	rent year end baland	e (lır	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨	20 %									
b	Permanent endowment ► 38 %										
С	Temporarily restricted endowment ► 4	2 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	atıon	that a	re held and	d admınıstere	d for	the			
	organization by							Г	2- (:)	Yes	No
	(i) unrelated organizations (ii) related organizations			•			•		3a(i) 3a(ii)	Yes	No
ь							٠.	· · · · [3b		110
4	Describe in Part XIII the intended uses of th	•						L		l	
Dэ		nt See Form 99	0. Pa	rt Y							
Ċ	rt VI Land, Buildings, and Equipme	ine occionii oo									
<u> </u>	rt VI Land, Buildings, and Equipme Description of property	Jim Sec Form 33		(a)	Ine 10. Cost or other (investment			(c) Accumula depreciatio		(d) Bo	ok value
			•	(a)	Cost or other (Investment	basis (othe					ok value 2,232,944
1a	Description of property		· ·	(a)	Cost or other (Investment	basis (othe	er) 2,944		n		
1a b	Description of property Land		· ·	(a)	Cost or other	0 2,232 0 87,345	er) 2,944	depreciatio	n	4	2,232,944
1a b c	Description of property Land		· · ·	(a)	Cost or other	0 2,232 0 87,345	2,944 5,415 0,408	depreciatio	,704 ,188	4	2,232,944 9,345,711
1a b c d	Description of property Land			(a) bası:	Cost or other	basis (other 0 2,23; 0 87,34; 0 5,960 0 13,694 0 9,040	2,944 5,415 0,408	37,999 646	,704 ,188 ,956	4	2,232,944 9,345,711 5,314,220

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other (A) Hedged Funds	11,545,441	F
(B) Commodities	1,135,799	F
(C) Private Capital	2,933,576	F
(D) Distressed Debt	1,214,713	F
(E) Real Estate	1,794,937	F
(F) Natural Resources	1,998,251	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 20,622,717	
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. cription	(b) Book value
(4) 503	emperon	(B) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability	rt X, line 25. (b) Book value	
Federal income taxes	0	
Interest rate swap agreement liability	1,734,307	
U S Government grants refundable	1,005,981	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 2,740,288	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the		ion's financial statements that reports the

Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er R</u>	eturn
1	Total revenue, gains, and other support per audited financial statements	1	72,495,655
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-20,147,807
3	Subtract line 2e from line 1	3	92,643,462
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 580,034		
b	Other (Describe in Part XIII) 4b 4,784		
c	Add lines 4a and 4b	4c	584,818
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	93,228,280
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	61,252,017
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	
С	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	-4,784
3	Subtract line 2e from line 1	3	61,256,801
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 580,034		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	29,404,539
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	90,661,340
Dari	Supplemental Information	-	

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

Identifier	Return Reference	Explanation
SchD_P02_S00_L05	Schedule D, Part II, Line 5	The Virginia Outdoors Foundation has the responsibility to enter the property from time to time (usually on an annual basis) for purposes of inspection and enforcement of the terms of the easement after permission from or reasonable notice has been given to the College The Foundation has the right to bring an action at law or in equity to enforce the restrictions as outlined in the easement This right specifically includes the right to require restoration of the property to a condition of compliance with the terms of the easement as existed on the date of the gift of the easement A report is received from the Virginia Outdoors Foundation detailing their visit and address any issues that may arise The College has a full-time Director of the Claytor Nature Study Center (the farm) who is responsible for working with the Virginia Outdoors Foundation
SchD_P02_S00_L09	Schedule D, Part II, Line 9	The Virginia Outdoors Foundation easement was included with a gift of a 470 acre farm received in 1998. The gift of the farm was substantiated by a real estate appraisal report and recorded as an asset to the College on the Statement of Financial Position and as gift revenue on the Statement of Activities when received
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College's art collection includes paintings, drawings, prints, and sculptures by Pierre Daura, works by Virginia folk artist Queena Dillard Stovall, and numerous works by other American and European artists. The mission of the Daura Gallery is to serve the College and the community beyond by providing opportunities for learning, enjoyment, and personal growth, by strengthening the creative and curricular life of the College and by encouraging the interdisciplinary affiliation of the visual arts with diverse academic disciplines.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment includes (1) funds that offer a comprehensive financial aid program for students demonstrating financial need, academic merit, and special leadership traits, (2) funds that support Distinguished chairs, professorships, and special lectureships, (3) funds that offer numerous special programs to benefit students, faculty, staff and the broader community which are diverse in focus and create unique learning opportunities, and (4) funds that offer financial support to the College's annual operating budget
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Includes Financial Aid (\$28,824,505) and Change in the Value of Split Interest Agreements (\$141,109)
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Includes Special Events
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Includes Special Events
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Includes Financial Aid

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OMB No 1545-0047

2012

ZU1Z

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

LYNCHBURG COLLEGE

Name of the organization

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.

Employer identification number

54-0505922

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
_		<u> </u>	162	
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		103	
_	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
]		
		-		
	Dana kha anananakan manakan kha 6 Ulaun 2	1		
4	Does the organization maintain the following?	,	V	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
		-		
5	Does the organization discriminate by race in any way with respect to	l _		
â	students' rights or privileges?	5a		No
ı	Admissions policies?	5b		No
•	Employment of faculty or administrative staff?	5c		No
•	I Scholarships or other financial assistance?	5d		No
•	e Educational policies?	5e		No
1	Use of facilities?	5f		No
	Athletic programs?	5g		Νo
٠	,			110
ı	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		4		
		4		
c .	Door the organization receive any financial aid or accistance from a governmental agency?	ا ہے ا	Vaa	
	n Does the organization receive any financial aid or assistance from a governmental agency? Thas the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II	35		110
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The College has publicized its notice of non-discriminatory policy of students through new spaper media Also, the College's website includes a statement that Lynchburg College does not discriminate on the basis of age, race, religion, disability, gender, sexual orientation, or national or ethnic origin
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Lynchburg College was the recipient of various grants and contracts from the Federal Government supporting student financial aid and other College programs in the 2012-13 fiscal year. These awards were received from the U.S. Department of Education, Department of Commerce, Environmental Protection Agency, and the Vietnam Education Foundation.

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493043013384

OMB No 1545-0047

2012

Open to Public Inspection

Yes

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization LYNCHBURG COLLEGE

Employer identification number

54-0505922

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

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
	the grants or assistance?

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

3	Activites per Region	(The following Part I	line 3 table can be d	duplicated if additional	space is needed

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data			-		
3a	Sub-total					
	Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)	0	0			297,910

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	e duplicated if additio	nal space is n	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Non-Funded Financial Aid	Sub-Saharan Africa	1	8,905	Applied to the student's tuition and fees account	0		
Funded Financial Aid	Sub-Saharan Africa	3		Applied to the student's tuition and fees account	0		
Non-Funded Financial Aid	Central America and the Caribbean	3		Applied to the student's tuition and fees account	0		
Non-Funded Financial Aid	East Asia and the Pacific	19		Applied to the student's tuition and fees account	0		
Funded Financial Aid	East Asia and the Pacific	1		Applied to the student's tuition and fees account	0		
Non-Funded Financial Aid	South Asia	2		Applied to the student's tuition and fees	0		
Non-Funded Financial Aid	Europe (including Iceland and Greenland)	1	850	Applied to the student's tuition and fees account	0		
Non-Funded Financial Aid	North America (including Canada and Mexico, but not the United States)	1	15,530	Applied to the student's tuition and fees account	0		
							1 = (= 000) 0040

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Als	to complete this part to provide any	y additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Lynchburg College does not provide grants and other assistance to organizations or entities outside the United States Financial aid is awarded to students who attend the College and who live outside of the United States This aid is based upon need and merit and is applied to each student's billed tuition and fees account The College uses the College Board's PowerFAIDs software to manage its financial aid database and awarding procedures
		Schedule F (Form 990) 2012

Additional Data

Software ID: 12000197

Software Version: v1.00

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Program Services	Educational	9,537
East Asia and the Pacific	0	0	Program Services	Recruitment	10,095
Central America and the Caribbean	0	0	Program Services	Educational	16,015

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Financial Aid	10,605
Central America and the Caribbean	0	0	Program Services	Financial Aid	22,698
East Asia and the Pacific	0	0	Program Services	Financial Aid	135,970

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	Financial Aid	76,610
Europe (including Iceland and Greenland)	0	0	Program Services	Financial Aid	850
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Financial Aid	15,530

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DLN: 93493043013384

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public **Inspection**

Name of the organization LYNCHBURG COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505922

Part I	Fundraising	Activities. Com	plete if the o	rganization a	answered	"Yes" to	Form 990,	Part IV,	line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations e Solicitation of non-government grants
 - Internet and email solicitations Solicitation of government grants
- Special fundraising events Phone solicitations
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Kughn & Associates 3015 Sedgewick Drive Lynchburg, VA 24503	Campaign Consulting		No	0	24,000	-24,000
Lynchburg, VA 24303						
-						
al			.	0	24,000	-24,000

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

AR, CA, CO, CT, DC, GA, HI, IL, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, UT, VA, WI

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 Golf Tournament	(b) Event #2 Golf Tournament	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
ξE	1	Gross receipts	12,71	2 8,900	7,940	29,552
Revenue	2	Less Contributions	5,49	7 2,640	2,475	10,612
	3	Gross income (line 1 minus line 2)	7,21	5 6,260	5,465	18,940
	4	Cash prizes		0	0	0
ဟ	5	Noncash prizes	(0	0	0
Expenses	6	Rent/facility costs	3,16	0 2,310	1,615	7,085
ă	7	Food and beverages .		2,564	0	2,564
Direct	8	Entertainment		0 0	0	0
ā	9	Other direct expenses .	240	2,786	1,481	4,507
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(14,156)
	11	Net income summary Combine I	ine 3, column (d), and line	e 10		4,784
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted more than
Revenue		\$13,000 ON TOTAL 950-LZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
Se	2	Cash prizes				
sesued	3	Non-cash prizes				
ம்	4	Rent/facility costs				
Direct	5	Other direct expenses				
		Volunteer labor	┌ Yes	┌ Yes	┌ Yes	
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Con	nbine lines 1 and 7 in coli	umn (d)	•	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

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

OMB No 1545-0047

DLN: 93493043013384

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identification	on number
LYNCHBURG COLLEGE						54-0505922	
Part I General Information	on on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sistance?			the grants or assist	ance, and	✓ Yes
				United States. Com ort II can be duplicated			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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
2 Enter total number of section 53 Enter total number of other org						· · · - _	
For Danamuark Padustian Act Natice of				Cat No EOOFED			lo I /Form 000\ 2012

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) Non-funded Financial Aid	1917	27,574,473	C									
(2) Funded Financial Aid	69	987,769	C									

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	Schedule I, Part I, Line 2	Within the limits of available resources, the College makes every effort to make financial aid opportunities available to needy and academically eligible students. Traditional-age students must be enrolled in a full-time undergraduate degree program to be considered for College academic scholarships, grants and/or need-based financial aid. With the exception of some academic scholarships, students who wish to apply for grants, loans or work-study should submit the Free Application for Federal Student Aid (FAFSA). Awards are considered on the basis of financial need and/or a student's academic profile. Awards are packaged using a combination of grants and scholarships, loans and work-study assignments. Students must be in good academic and social standing and achieve the minimum quality point average required. The College Board's PowerFAIDS software is used to manage the financial aid database and awarding procedures.
SchI_P03_S00_L00		Part III (a) Non-funded Financial Aid is funded from the College's unrestricted resources. Funded Financial Aid consists of the calculated spending proceeds from endowed scholarships and gifts that were donated to help students pay for the cost of their education. Various state grants also provide scholarships to assist students with paying for their education. Part III (b) 96% of traditional students at the College (2,068) received some form of Financial Aid. Therefore, the number of recipients was estimated by multiplying 96% by 2,068 or 1,985 students and then prorating 1,985 students to Non-funded and Funded aid.
		Schedule I (Form 990) 2012

DLN: 93493043013384

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

Employer identification number Name of the organization LYNCHBURG COLLEGE

54-0505922 **Questions Regarding Compensation** Yes No 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 Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c 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. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred	
		(i) Base compensation	'' I Incentive I renortanie I		other deferred compensation	benefits	benefits (B)(ı)-(D)		
(1)Kenneth R Garren President of the College	(i) (ii)	322,875 0	47,250 0	1,017 0	22,500 0	25,182 0	418,824	0	
(2)Stephen E Bright VP for Business and Finance and Treas	(i) (ii)	153,566 0	o 0	-11,595 0	13,821	9,9 44 0	165,736 0	0	
(3)Kevin Brueilly Assoc Professor	(i) (ii)	138,785 0	0	814 0	11,591 0	1,860 0	153,050 0	0	

Schedule J (Form 990) 2012

Part III 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

or complete the parties any additional internation										
Ident if ier	Return Reference	Explanation								
SchJ_P01_S00_L01a		As outlined in the President's contract with the College, the following items are provided (1) the President's spouse can accompany him on trips and perform bona fide and substantial school-related business activity, (2) the President is required to live in a house provided by the College as part of his job as President The house is physically located on the College's campus								
SchJ_P01_S00_L03		The Compensation Committee of the Board of Trustees approves the President's written employment contract on an annual basis. The approved written employment contract is approved by the full Board of Trustees and documented in the minutes. As deemed necessary by the Compensation Committee, an independent compensation consultant is used for input regarding the President's salary level as compared to other comparable positions.								

Schedule J (Form 990) 2012

DLN: 93493043013384

Open to Public

Inspection

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

54-0505922

LYNCHBURG COLLEGE										
Part I Bond Issues										

(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) O n behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Virginia College Building Authority	54-1249154		12-21-2010	8,837,932	Provides funds to refund a prior issue dtd 1/22/04 and other debt obligations		Х		Х		X
В	Economic Development Authority of the City of Lynchburg Virginia	54-1225193	55123RAR7	06-27-2013	24,308,295	Refund two prior outstanding issues and Student Center expansion	х			х		Х
С	Economic Development Authority of Amherst County Virginia	83-0477842		05-29-2013	/ 5/1 000	Purchase and renovate the Health Sciences Bldg		x		×		х

Pai	tII Proceeds							
			A	В	С)	
1	A mount of bonds retired		1,027,3	3,474,159	0			
2	Amount of bonds legally defeased			0 10,437,250	0			
3	Total proceeds of issue		8,837,9	24,308,295	2,613,522			
4	Gross proceeds in reserve funds			0 9,419,060	0	1		
5	Capitalized interest from proceeds		0 0	0				
6	Proceeds in refunding escrows			0 10,437,250	0			
7	Issuance costs from proceeds		100,0	88 205,700	0	1		
8	Credit enhancement from proceeds			0 0	0			
9	Working capital expenditures from proceeds			0 0	0			
10	Capital expenditures from proceeds			0 772,126	2,613,522			
11	O ther spent proceeds		8,737,8	3,474,159	0			
12	O ther unspent proceeds			0 0	0			
					•	•		

13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	x		x			х		
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		
16	Has the final allocation of proceeds been made?	х			Х		Х		
Does the organization maintain adequate books and records to support the final allocation of proceeds?		Х		Х		Х			

Part III	Private	Business	Use

		A		В		С		D	
		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?		×		Х		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	Х		Х			Х		
			N. E014	225	· ·	•	6.1	1 1 1/ /5	000) 2013

Page **2** Part Private Business Use (Continued) В C D 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 Х 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 Χ Χ 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 bonds of the issue are remediated in accordance with the requirements under Х Χ Х Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No 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? Χ Χ Χ C 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 Х Χ into a qualified hedge with respect to the bond issue? SunTrust Bank Name of provider Term of hedge 22 C Was the hedge superintegrated? d Χ Was a hedge terminated? Χ

Pa	rt IV Arbitrage (Continued)								
		Α	A		В		С		
		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		
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х		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?	X		х		Х			

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).							
Ident if ier	Return Reference	Explanation					
SchK_P02_S00_L03	1	The maximum principal (draw-down) amount of the bond issue is \$7,571,000 As of June 30, 2013, \$2,613,522 had been requested from the draw-down loan					

Schedule K (Form 990) 2012

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DLN: 93493043013384

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Transactions with Interested Persons

Open to Public Inspection

Employer identification number Name of the organization LYNCHBURG COLLEGE 54-0505922 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Complete if the organizat			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Cahadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

Additional Data

Software ID: 12000197

Software Version: v1.00

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons									
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?				
	organization			Yes	No				
(1) Janet Sigler	Family member of College Officer	37,299	Compensation paid as employee of the College		No				
(2) Heather Ryan-Sıgler	Family member of a College Officer	40,564	Compensation paid as employee of the College		No				
(3) Annette Eccles	Family member of a College Officer	18,453	Compensation paid as employee of the College		No				
(4) Tyler Eccles	Family member of a College Officer	29,394	Compensation paid as employee of College		No				
(5) Sheila Garren	Family member of a College Officer	26,250	Compensation paid as employee of the College		No				
(6) Matthew Brandon	Family member of a Trustee	100,331	Compensation paid as employee of the College		No				
(7) Richard Pumphrey	Family member of a Trustee	80,792	Compensation paid as employee of the College		No				
(8) J E Jamerson & Sons	Trustee's husband is President of the Company	414,929	Construction		No				
(9) L G Flint	Trustee's husband and son are Officer's of the Company	114,007	Construction		No				

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DLN: 93493043013384

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Open to Public Inspection

Name	of the	organ	ıızatıon
LYNCHE	BURG C	OLLĒGE	

Employer identification number

					54-0505922			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermi oution a	moun	ts
1	Art—Works of art	Х	1	3,500	FMV-Opinion of an	expert		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		1,016	FMV-Opinion of an	expert		
5	Clothing and household							
_	goods	X		4,900	FMV			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		2.6	242727	A			
	Securities—Publicly traded .	X	26	313,/2/	A vg hı/low on gıft da	ate		
	Securities—Closely held stock . Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial				_			
	Real estate—Other	X	1	278,500	FMV-Opinion of an	expert		
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
	Other (Travel Exps)	X	3	3,025	EM\/			
23	Physical			3,023				
	Therapy							
26	Other►(<u>Equip</u>)	Х	1	5,000				
27	Other► (Miscellaneous)	Х	29	12,437	FMV			
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			1
	Tor winer the organization comple	cca i oiiii o	205, I die IV, Donce Ackin	owicagement [Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangem							
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							i

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference		Explanation				
SchM_P01_S00_L00		In Part 1, column (b), Lynchburg College is reporting the number of contributions				

Schedule M (Form 990) (2012)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493043013384

OMB No 1545-0047

2012

Open to Public Inspection

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
LYNCHBURG COLLEGE

Employer identification number

54-0505922

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Tax Form 990 is internally prepared by the Senior Accountant-Endowment & Investments and reviewed by the Associate VP and VP for Business and Finance. The Form 990 is then sent to be reviewed by the following Trustees. Chair of the Board, Chair of the Budget and Finance Committee, and all members of the Audit Committee. They read over the document and notify the Business Office of their approval within three business days. The completed Tax Form 990 is then e-mailed (or sent by overnight delivery) to all Trustees. The Business Office executes and submits the 990 Form to the IRS Schedule B, Schedule of Contributors, is not included in the information sent to Trustees in order to maintain confidentiality for the College's donors.

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

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

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

Identifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change in the value of split-interest agreements