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DLN: 93493135032094

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

2012

OMB No 1545-0047

ZUIZ

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

Open to Public Inspection

A F	or the	2012 cal		ing 07-01-2012 , 2012, and ending	g 06-30	-2013	_			
		applicable	C Name of organization RANDOLPH-MACON COLLEGE				D Emplo	yer ider	tification number	
	dress cl	_	Doing Business As	54-0	505940	1				
	me cha									
	ıtıal retu		Number and street (or P O box in POST OFFICE BOX 5005	f mail is not delivered to street address) Ro	oom/suite	2	E Teleph	one numl	per	
	rmınate			(804)	798-8	372				
_	nended		City or town, state or country, ar ASHLAND, VA 230055505							
Ap	plicatioi	n pending					<b>G</b> Gross	receipts \$	75,464,182	
			F Name and address of p ROBERT R LINDGREN	orincipal officer		H(a) Is th	ns a group ates?	return	for ┌ Yes ┌ No	
			POST OFFICE BOX 5005			aiiiii	aces.		1 1651 110	
			ASHLAND,VA 2300555	05					ded? TYes No	
I Ta	ax-exen	npt status	▼ 501(c)(3)	◀ (insert no )	,	If "N	o," attach	n a list	(see instructions)	
3 W	/ebsite	e: ► WW	W RMC EDU			H(c) Gro	up exemp	tion nun	nber ►	
						1				
	m of or		Corporation Trust Associa	ation   Other -		<b>L</b> Year of fo	mation 18	330 <b>M</b>	State of legal domicile VA	
F				sion or most significant activities						
				sion or most significant activities RANDOLPH-MACON COLLEGE IS	ANINS	STITUTION	OFHIG	HER ED	UCATION,	
a		<u>O FFERI</u>	NG BACCALAUREATE DEGR	EES IN A LIBERAL ARTS CURRIC	ULUM				·	
Governance										
Ē										
ş	2	Check th	nis box দ if the organization	discontinued its operations or disp	osed of	more than ?	25% of its	net as:	sets	
			·							
Activities &				erning body (Part VI, line 1a)				3	44	
₽				rs of the governing body (Part VI, li				4	42	
₹			mber of individuals employed		5	1,157				
đ	1		·	fnecessary)				6	150	
				Part VIII, column (C), line 12.				7a	554,685	
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34			• •	7b	-73,091	
						Pric	or Year		Current Year	
<u>a</u>	8		butions and grants (Part VIII		10,641,	_	9,413,141			
Revenue		9 Program service revenue (Part VIII, line 2g)						505	53,754,925	
Æ	10 11		· ·	mn (A), lines 3, 4, and 7d)			4,342,		10,780,428	
	12			A), lines 5, 6d, 8c, 9c, 10c, and 11e 11 (must equal Part VIII, column (A			933,118 63			
	12						65,643,	315	74,588,035	
	13			art IX, column (A), lines 1-3) .			19,821,	22,152,597		
	14			t IX, column (A), line 4)			0			
Ø	15	Saları 5–10		oyee benefits (Part IX, column (A),		24,614,	24,977,413			
DS 6	16a			X, column (A), line 11e)			62,840 42,			
Expenses	Ь		ındraısıng expenses (Part IX, column				/		,	
ū	17			), lines 11a-11d, 11f-24e)	<del>_</del> .		18,854,037 17,718,287			
	18			nust equal Part IX, column (A), line			63,352,	-	64,890,423	
	19			ne 18 from line 12	-		2,291,		9,697,612	
<u>පි</u>							g of Curre		End of Year	
Net Assets or Fund Balances		<b>T</b> = 6 - 1	nonte (Doub V. June 4.5)				<b>Year</b>	600		
Ass 1Ba	20						219,346,		233,836,844	
3 S	21			ct line 21 from line 20			52,128, 167,218		53,219,747	
				ctime 21 nom me 20	• •		107,210,	213	180,017,097	
Pa Unde my k	22 rt II er pena	Net as  Sign alties of dge and	ssets or fund balances Subtra ature Block perjury, I declare that I have o	examined this return, including accomplete Declaration of preparer (o	ompany	ıng schedul	167,218, es and sta	215 atement	180,617,09 s, and to the best of	
		· 	-			<u>.</u>				
		****					014-05-14			
Sig		Signa	ature of officer			D	ate			
Her	е		ERT R LINDGREN PRESIDENT							
		11	Print/Type preparer's name	Preparer's signature	Da	te la	eck 🗀 ıf	PTIN		
Pai	d		MARK WOOLWINE  Preparer's signature  Date  Ch se						446	
	u pare		Firm's name  BROWN EDWARDS	& COMPANY LLP		Fin	n's EIN 🟲 5	4-050460	08	
	:pare • On		Firm's address 🕨 319 MCCLANAHAN S	т т		Pho	one no (540	0) 345-09	36	
US	<del>,</del> OII	יין [	ROANOKE, VA 2401				,			
		1	NOANONE, VA 2401	• •						

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

✓ Yes No

Par	t III	Statement of Program S Check if Schedule O contains			I					চ
1	Briefl	y describe the organization's mi	ssion							
ART THE APP WHC OPP EXPI UND TEA	S THE Y ARE RECIA THEY ORTUN LORE T ERSTA CHER-	EMENT ON SCHEDULE O RAND PURPOSE OF A RANDOLPH-M CHALLENGED TO COMMUNIC TE THE CREATIVE PROCESS, ARE AT RANDOLPH-MACON SITY THE CURRICULUM INCLUTHE NATURAL AND SOCIAL SCHOLARS WHO ARE DEDICA SCHOLARS WHO ARE DEDICA COURRICULAR LIFE OF THE CONTROLE OF THE	IACON EDUCATIO ATE EFFECTIVELY TO DEVELOP QUA COLLEGE THE LIE UDES EXPOSURE I CIENCES, THE ART IPLINE IN WHICH TED TO THE LIBE	N IS TO DEVELOP TO THINK ANALYT ALITIES OF LEADERS BERAL ARTS CONSTIBOTH TO BROAD PETS, AND THE HUMAN THEY MAJOR THEY	THE MIND AITICALLY AN SHIP, AND TITUTE A CORSPECTIVE ITTIES, WHILL ARE GUIDE	ND THE CHAR D CRITICALLY O SYNTHESIZ MPREHENSIV S AND SPECII LE THEY ALSO D IN THIS EN	ACTER OY, TO EXI ZE WHAT E EDUCA FIC CON O ACHIEN DEAVOR	PERIEN THEY TIONA CEPTS /EADI BYAF	STUDE ICE AN KNOW AL STUD EEPER 'ACULT	NTS D WITH ENTS
2	the pr			ervices during the yea	ar which were	not listed on		┌ Ye	s 🗸 No	<b>.</b>
		s," describe these new services								
3	servi	ne organization cease conducting ces?			onducts, any	-		Г Ye	s 🗸 No	D
4	exper	ribe the organization's program s uses Section 501(c)(3) and 501 utal expenses, and revenue, if an	l (c)(4) organization	s are required to repo						
4a	(Code RAND STUD	OOLPH-MACON COLLEGE IS AN INSTITU	• •		·	,597 ) (Revenue s		53,843, XIMATEL	•	
4b	(Code	e ) (Expenses \$		ıncludıng grants of \$		) (Revenue \$			)	
4c	(Code	e ) (Expenses \$		including grants of \$		) (Revenue \$			)	
4d		er program services (Describe ir enses \$	Schedule O) including grants o	of \$	) (Rever	nue \$		)		
40	Tota	I program convice evnences	50 211 227	<u> </u>						

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? <i>If</i> "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	Yes	
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

Check if Schedule O contains a response to any question in this Part V	•	· · ·	
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   76		103	110
gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
Tax Statements, filed for the calendar year ending with or within the year covered			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
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
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			
Was the organization a party to a prohibited tay chelter transaction at any time during the tay year?	52		No
			No
	5b		INO
If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?	6a		Νo
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		Νo
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
			NI -
	/c		Νo
Thes, indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
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?			
	L.		
	_		
	96		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
Enter the amount of reserves on hand			
	14a		Νo
If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110
	Either the number of Forms W-2G included in line 1a Enter-0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to revendors and reportable payments to revendors and reportable payments to revendors and reportable payments for the companies of	Enter the number of Forms W-2G included in line 1 a. Enter-O- of not applicable    Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable games (gambing) withings to prize withholding rules for reportable payments to vendors and reportable games (gambing) withings to prize withings (gambing) withings to prize withings (gambing) withings to prize withings (gambing) withings (g	There the number of Forms W-36 included in line 1.8 Earlier -0-india applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable parming (gimbling) within a provided in the parming (gimbling) within a provided gimbling (gimbling) w

Form 990 (2012) Page 6 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. Section A. Governing Rody and Management

	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	b Enter the number of voting members included in line 1a, above, who are independent								
2	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?								
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		Νo					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>yes</i>	e.) <b>No</b>					
		evenu 10a							
10a	Did the organization have local chapters, branches, or affiliates?			No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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  Other officers or key employees of the organization  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No					

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 ▶JOHN CONKRIGHT ASST SECRETARY TO 204 HENRY STREET ASHLAND, VA (804)752-7211

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	Average hours per week (list any hours  Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(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 MISC)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

(4)	(B)			(0)					i	1		
h w ai	hours per more than one box, unless compensation compensate from the any hours and a director/trustee) compensation from the organization (W-organizations)							Reportable compensation from related organizations (W	-   (	(F) Estima mount o compens from t	ted fother ation he	
ore	or related ganizations below otted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
										+		
										+		
										+		
										+		
1b Sub-Total			•				•					
c Total from continuation sheets to d Total (add lines 1b and 1c)				٠.	•			1,505,444		0		403,583
Total number of individuals (included \$100,000 of reportable compensations)	dıng but not l	ımıted t	to the	se l	ıste	d abov	e) wl					
									-		Yes	No
3 Did the organization list any forme on line 1a? If "Yes," complete Scheen					key •	emplo	yee, •	or highest compen	sated employee	3		No
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such									4	Yes	
5 Did any person listed on line 1a re services rendered to the organizat									or individual for	5	. 55	No
Section B. Independent Contr	ractors											
Complete this table for your five h     compensation from the organization	ighest comp										tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
ENGLISH CONSTRUCTION COMPANY INC PO BOX P-7000 LYNCHBURG VA 24505	CONSTRUCTION SERVICES	7,119,548
CHARTWELLS PO BOX 91337 CHICAGO IL 606931337	FOOD SERVICES	3,464,901
KJELLSTROM AND LEE INC 1607 OWNBY LANE RICHMOND VA 23220	CONSTRUCTION SERVICES	1,178,782
BCWH ARCHITECTS 1840 WEST BROAD ST STE 400 RICHMOND VA 23220	ARCHITECTS	744,958
HITACHI HIGH TECHNOLOGIES AMERICA PO BOX 70481 CHICAGO IL 60673	SCIENTIFIC EQUIPMENT	399,170
Total number of independent contractors (including but not limited to these	listed shous \ who recoved 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 >20

Part VIII		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII								
		Check if Schedu	ile O contains a respoi	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514		
w 92	1a	Federated camp	paigns 1a							
ants	ь	Membership du	es <b>1b</b>							
9 E	c	Fundraising eve	ents <b>1c</b>							
ffs, FA	d	Related organiz								
13.5	e	Government grants		618,498						
Sin				8,794,643						
ributions, Giffs, Grants Other Similar Amounts	f	similar amounts no	ns, gifts, grants, and <b>1f</b> t included above							
	g	Noncash contribution 1a-1f \$	ons included in lines	801,161						
Cont	h	Total. Add lines	1a-1f	🛌	9,413,141					
				Business Code						
enui	2a	TUITION AND FEES		611310	42,735,925	42,735,925				
95 Se	ь	AUXILIARY SERVIC	ES	611310	11,019,000	10,647,668	371,332			
93	c									
Z.	d									
Ē	е									
Program Serwice Revenue	f	All other progra	m service revenue							
	g		2a-2f	<u> </u>	53,754,925					
	3		ome (including dividen ar amounts)		2,518,188		5,320	2,512,868		
	4		tment of tax-exempt bond							
	5	Royalties		•						
	62	Gross rents	(ı) Real 59,300	(11) Personal						
	6a b	Less rental	57,245							
	l c	expenses Rental income	2,055							
	d	or (loss)	me or (loss)	<u> </u>	2,055			2,055		
	"	ivec rentar meon	(ı) Securities	(II) O ther	,			,		
	7a	Gross amount from sales of assets other than inventory	8,262,240							
	ь	Less cost or other basis and	0							
	_	sales expenses Gain or (loss)	8,262,240							
	l d		s)		8,262,240			8,262,240		
une	8a	Gross income fi	rom fundraising							
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a							
Ě			penses <b>b</b> loss) from fundraising							
J	C 9a		om gaming activities	events p-						
	ь	Less direct ex	penses b							
	С		loss) from gamıng actı	vities						
	10a	Gross sales of returns and allo		830,222						
	ь	Less cost of go	oods sold <b>b</b>	818,902						
	С		loss) from sales of inv		11,320	-166,713	178,033			
	11-	Miscellaneous		Business Code 900099	626,166	626,166				
	11a b	MISCELLANEC	US PROGRAMS	300039	020,100	020,100				
	c									
	d	All other revenu						<del>                                     </del>		
	e	Total. Add lines			626,166					
	12	Total revenue.	See Instructions .	🛌	·	E2 042 046	FF4 605	10 777 460		
				-	74,588,035	53,843,046	554,685	10,777,163		

	Statement of Functional Expenses				1 490 20
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pa		(B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	22,152,597	22,152,597		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16		,,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,171,922	422,705	409,787	339,430
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	18,508,019	16,367,282	923,561	1,217,176
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,412,125	1,084,866	225,915	101,344
9	Other employee benefits	2,552,608	2,089,822	346,439	116,347
10	Payroll taxes	1,332,739	1,033,476	206,649	92,614
11	Fees for services (non-employees)				
а	Management				
b	Legal	122,802		122,802	
С	Accounting	94,379		94,379	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	42,126			42,126
f	Investment management fees	762,760		762,760	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	134,500	118,405	3,945	12,150
12	Advertising and promotion	806,314	758,368	25,617	22,329
13	Office expenses	2,595,086	2,048,759	226,070	320,257
14	Information technology	883,931	761,156	98,220	24,555
15	Royalties	003,931	701,130	90,220	24,555
16		2,688,896	2,641,647	45,056	2,193
17	Occupancy	, ,		· •	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	544,079	416,789	24,808	102,482
19	Conferences, conventions, and meetings	816,086	604,850	104,864	106,372
20	Interest	983,712	949,557	33,130	1,025
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	2,677,986	2,543,078	130,861	4,047
23	Insurance	321,990		321,990	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	STUDENT FOOD SERVICE	3,134,529	3,134,529		
b	INTERCOLLEGIATE ATHLETI	1,274,127	1,274,127		
c	OTHER SUPPLIES, SERVICE	1,018,150	782,805	230,146	5,199
d	POST RETIREMENT BENEFIT	-1,141,040	-973,481	-77,307	-90,252
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	64,890,423	58,211,337	4,259,692	2,419,394
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,689,171	1	9,402,503
	2	Savings and temporary cash investments	11,621,829	2	3,122,856
	3	Pledges and grants receivable, net	7,066,957	3	6,901,594
	4	Accounts receivable, net	2,057,810	4	2,112,778
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS.	7	Notes and loans receivable, net	4,442,750		4,424,432
A	8	Inventories for sale or use	208,487	8	267,126
	9	Prepaid expenses and deferred charges	200, 107	9	201,120
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  119,208,742			
	ь	Less accumulated depreciation 10b 44,394,875	64,859,397	10c	74,813,867
	11	Investments—publicly traded securities	88,274,468	11	90,937,756
	12	Investments—other securities See Part IV, line 11	31,658,673	12	39,077,559
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,467,058	15	2,776,373
	16	Total assets. Add lines 1 through 15 (must equal line 34)	219,346,600		233,836,844
	17	Accounts payable and accrued expenses	4,289,553	17	5,866,620
	18	Grants payable		18	
	19	Deferred revenue	2,247,229	19	2,095,956
	20	Tax-exempt bond liabilities	30,505,000	20	30,220,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	, ,	21	· · ·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	95,793	23	47,196
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	14,990,810	25	14,989,975
	26	D	52,128,385	26	53,219,747
s	26	Total liabilities. Add lines 17 through 25	52,126,363	26	55,219,747
or Fund Balance	27	Unrestricted net assets	87,460,804	27	101,229,035
<u>ප</u>	28	Temporarily restricted net assets	35,312,673	28	32,093,978
E .	29	Permanently restricted net assets	44,444,738	29	47,294,084
nu	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and	11,111,700		47,204,004
ΓF		complete lines 30 through 34.			
0 \$	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	167,218,215	33	180,617,097
Net	J J J	Total net abbets of falla balances			

Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u> </u>	<u> </u>	*
1	Total revenue (must equal Part VIII, column (A), line 12)	<sub>1</sub>		74.!	588,035
2	Total expenses (must equal Part IX, column (A), line 25)	2			390,423
3	Revenue less expenses Subtract line 2 from line 1	3			 597,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			218,215
5	Net unrealized gains (losses) on investments	5			573,567
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-8	372,297
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		180,6	517,097
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				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 revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				1
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 separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				1
c	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?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	ın			1:
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:** 

**EIN:** 54-0505940

Name: RANDOLPH-MACON COLLEGE

Form 990, Part VII - Compensation of Compensated Employees, and Indeper	Officers, Dir ndent Contra	ectors actors	i,Trı	ıst€	es,	, Key	, En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o	(C on (do than	o not n one son is er and trust	e box, is bot nd a itee)	k, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
BRUCE J ADKINS TRUSTEE	1 00	х						0	0	0
YVONNE W BRANDON EDD TRUSTEE	1 00	х						0	0	0
L PRESTON BRYANT JR THE HON TRUSTEE	1 00	х						0	0	0
J W WHITING CHISMAN JR TRUSTEE	1 00	х						0	0	0
JOHN P CLARKE MD TRUSTEE	1 00	х						0	0	0
RALPH R CROSBY JR TRUSTEE	1 00	х						0	0	0
JAMES A DAVIS PHD TRUSTEE	1 00	х						0	0	0
SANJAY TANDON TRUSTEE	1 00	х						0	0	0
ROBIN ANNE FLOYD SECRETARY	1 00	х		х				0	0	0
DOUGLAS W FOARD PHD TRUSTEE	1 00	х						0	0	0
CYNTHIA H LEE TRUSTEE	1 00	х						0	0	0
TIMOTHY P O'BRIEN TRUSTEE	1 00	х						0	0	0
SUSAN D SCHICK TRUSTEE	1 00	х						0	0	0
MICHAEL A JESSE PHD TRUSTEE	1 00	х						0	0	0
WILLIAM B KILDUFF ESQ TRUSTEE	1 00	х						0	0	0
CHARLES B KING REV HON DDIV TRUSTEE	1 00	х						0	0	0
FRANK E LAUGHON JR TRUSTEE	1 00	х						0	0	0
ROBERT R LINDGREN ESQ PRESIDENT	40 00	х		х				262,461	0	194,805
STEPHEN P LONG MD TRUSTEE	1 00	х						0	0	0
E JACKSON LUCK TRUSTEE	1 00	х					'	0	0	0
ANDREW K MALONEY ESQ TRUSTEE	1 00	х		<u> </u>	'		'	0	0	0
FRANK J MURPHY III TRUSTEE	1 00	х						0	0	0
ALLISON M O'BRIEN TRUSTEE	1 00	х		<u> </u>	'		'	0	0	0
MARK V OGREN REV TRUSTEE	1 00	х			'		'	0	0	0
STEVEN M PARKER TRUSTEE	1 00	x			'			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 from the from related per compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector hours Institutional organizations 쥰 for employee related organızatıons trustae below Trustee dotted line) 1 00 HAYWOOD A PAYNE JR Χ Χ 0 0 0 VICE CHAIRMAN 1 00 DONALD E PERRY 0 Х 0 TRUSTEE 1 00 ALAN B RASHKIND ESQ Χ 0 0 0 Х CHAIRMAN 1 00 DIANNE L REYNOLDS-CANE MD Х 0 0 0 1 00 ROBERT E RILEY 0 0 0 Χ TRUSTEE 1 00 BENJAMIN S SCHAPIRO 0 0 0 Х TRUSTEE 1 00 THOMAS G SHAFRAN 0 0 0 Х TRUSTEE 1 00 LEE B SPENCER JR ESQ 0 0 0 TRUSTEE 1 00 KATHRYN V STOTTLEMYER Χ 0 0 **TRUSTEE** 1 00 SAMUEL E VICHNESS PHD O 0 0 X TRUSTEE 1 00 R DOUGLAS WHITE Χ 0 0 0 TRUSTEE 1 00 CHARLES S WILSON JR MD 0 0 TRUSTEE 1 00 CHARLES W WORNOM 0 0 0 Х **TRUSTEE** 1 00 DAVID E YAWARS 0 Х 0 0 TRUSTEE 1 00 JAN M CARTER MD Х 0 0 0 TRUSTEE 1.00 YOUNG JIN CHO BISHOP 0 0 0 Х TRUSTEE 1 00 J PETER CLEMENTS 0 0 0 Х TRUSTEE 1 00 DAVID G MELESKI Χ 0 0 0 **TRUSTEE** 1 00 WESLEY A NICHOLS Х 0 0 0 TRUSTEE 1 00 HAROLD E STARKE JR ESQ 0 0 0 Х TRUSTEE 40 00 JOHN C CONKRIGHT Χ 107,909 0 20,798 **EXEC ASST TO PRESIDENT & A** 40 00 PAUL T DAVIES Х 153,255 0 40,991 VP ADMIN & FINANCE, TREASURER 40 00 DIANE M LOWDER 200,407 0 41,138 Х VP ADVANCEMENT 40 00 WILLIAM T FRANZ Х 152,686 0 19,261 **PROVOST** 40 00 DAVID L LESESNE 142,801 0 24,587 VP ENROLLMENT

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

(A) Name and Title	(B) Average hours per week (list		than	not one son i er an	box s bot d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations
M THOMAS INGE FACULTY	40 00					х		130,788	0	19,796
JOHN RUSSELL RABUNG FACULTY	40 00					х		118,191	0	19,351
ALPHINE W JEFFERSON FACULTY	40 00					х		119,923	0	13,532
THEODORE F SHECKELS JR FACULTY	40 00					х		117,023	0	9,324

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135032094

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

RANDOLPH-MACON COLLEGE

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Open to Public Inspection

Da	rt I	Peac	on for Du	blic Charity Sta	tue (All or	nanization:	s must com	nlota this i	154-05059		nc nc		
				te foundation becaus						iisti uctic	лъ.		
1	, gain			ion of churches, or a			= -						
2	<u> </u>		-	d in <b>section 170(b)(1</b>				CCC1011 17 0(					
3	,			perative hospital se				n 170/h)/1	\( <b>A</b> \( (iii \				
4	<u>'</u>			h organization opera						11/41/:::	i) Enta	rtho	
-	'			ity, and state	teu ili conjun	iction with a	nospital des	ciibed iii <b>se</b>	ction 170(B)(	(T)(M)(III	ı). Liite	i tile	
5	Г			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unıt d	escrib	ed in	_
				( <b>A)(iv).</b> (Complete P			•		_				
6	Г	A fede	al, state, or	local government o	r government	tal unit desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(v).				
7	$\Gamma$			at normally receives						rom the o	general	public	:
	_	describ	oed in <b>sectio</b>	on 170(b)(1)(A)(vi).	(Complete F	Part II)		_		_	="	•	
8	Г			described in <b>sect ior</b>									
9	Г	An org	anızatıon th	at normally receives	(1) more th	ian 331/3% (	of its support	from contri	outions, mem	bership f	ees, ar	nd gros	ss
		receipt	s from activ	rities related to its e	xempt functı	ons—subjec	t to certain e	xceptions,	and (2) no mo	ore than 3	3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable in	come (less	section 511	tax) from	n busın	esses	
		-	-	ganızatıon after June									
10	Г	An org	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See <b>sect io</b>	n 509(a)(4).				
11	ı	one or the box	more public that descr	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr porting organ	ribed in sect ization and	ion 509(a)(1 complete line	) or section s 11e throu	509(a)(2) S igh 11h	ee <b>sectio</b>	on 509(	a)(3).	Check
e	Γ	other t	_	ox, I certify that the ion managers and ot	_						•	•	
f		If the c		received a written d	etermination	from the IR	S that it is a	Туре I, Тур	e II, or Type	III supp	orting	organı	zation,
g			August 17, 2 ng persons?	2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from any	of the				
				irectly or indirectly o	•		_	persons de	scribed in (ii)			Yes	No
		and (III	) below, the	governing body of th	ne supported	organizatio	n?			L	11g(i)		
				er of a person descr						<u> </u>	11g(ii)		
		(iii) A	35% contro	lled entity of a perso	on described	ın (ı) or (ıı)	above?				L1g(iii)		
h		Provide	e the follown	ng information about	the support	ed organızat	tion(s)						
-	i) Nan suppo		(ii) EIN	(iii) Type of organization	(iv) Is organizat		(v) Did you the organi		(vi) Is organizat		(	vii) An mone	nount of
O	rganiz	ation		(described on	col (i) lıs		ın col (i) d		col (i) org			sup	port
				lines 1 - 9 above	your gove		suppor	t?	ın the U	S?			
				or IRC section (see	docume	HIL!							
				instructions))	<u></u>		<b>+ </b>	T	<b>.</b>	Τ			
				,,	Yes	No	Yes	No	Yes	No			
							1		1	-			
	ı												

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
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	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</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	<b>Total.</b> 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) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</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	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							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 <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> 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	,rF3	<b>▶</b> □
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							<b>▶</b> ┌

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	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/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>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135032094

OMB No 1545-0047

Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Delitical expenditures

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** RANDOLPH-MACON COLLEGE 54-0505940 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

_	r official experianciales		<b>≯</b> _	
3	V olunteer hours			
			_	
Par	t I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>&gt;</b>	\$_	
_		_		

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

Was a correction made?

If "Yes," describe in Part IV

Par	t I-C	Comple	ete if tl	he orgai	nization	is ex	empt u	ınder s	ection	501(	c), ex	cept	sectio	n 50	1(c)	(3).	
1	Enter	the amou	nt dırectl	ly expende	ed by the 1	filing or	ganızatıo	n for sec	tion 527	'exemp	ot func	tion act	ivities	<b> -</b>	\$		
_											_	_					

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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

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

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

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</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					
	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>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

			er section 501(c)(3) and has	NOT			Page <b>3</b>
For e activ	•	rough 11 below, provide in Part IV a det	ailed description of the lobbying	Yes	a) No	(b) Amou	
1							
a b	Volunteers? Paid staff or management (inc	:lude compensation in expenses repo	rted on lines 1c through 1i)?		No No		
c	Media advertisements?		·····		No		
d e					No No		
f g	_		r a legislative body?		No No		
h	Rallies, demonstrations, sem		<del>-</del>		No		
i j	Total Add lines 1c through 1	I		Yes			2,048 2,048
2a b			ed in section 501(c)(3)?		No		
C	If "Yes," enter the amount of	any tax incurred by organization man			,		
d Par			<u> </u>	501(c	 )(5), o	r secti	on
	501(c)(6).					Yes	s No
1 2	·	•	·		F	1 2	_
3	Did the organization agree to	carry over lobbying and political expe	enditures from the prior year?			3	
Pai	501(c)(6) and	f either (a) BOTH Part III-A,					
1				1			
2		Junteers?  did staffor management (include compensation in expenses reported on lines 1c through 1i)?  did advertisements?  did advertisements?  unings to members, legislators, or the public?  blications, or published or broadcast statements?  and to other organizations for lobbying purposes?  vect contact with legislators, their staffs, government officials, or a legislative body?  liles, demonstrations, semmars, conventions, speeches, lectures, or any similar means? her activities?  tal Add lines 1c through 1:  the activities in line 1 cause the organization to be not described in section 501(c)(3)?  ves; "enter the amount of any tax incurred by organization managers under section 4912 feet filte activities in line 1 cause the organization is exempt under section 501(c)(4), set 501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?  the organization make only in-house lobbying senditures of \$2,000 or less?  The complete if the organization is exempt under section 501(c)(4), set 501(c)(6).  The organization make only in-house lobbying senditures of \$2,000 or less?  Complete if the organization is exempt under section 501(c)(4), set 501(c)(6).  The organization agree to carry over lobbying and political expenditures from the prory sear?  The organization agree to carry over lobbying and political expenditures from the prory sear?  set, assessments and similar amounts from members cut on 162(e) and set of the organization is exempt under section 501(c)(4), set 501(c)(6).  The organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditures or the reasonable estimate of modeductible lobbying and political expenditures (set instructions).  The proposition of the set of the complete of the complete organization and the amount on line 2 oxeceds the amount on line 3, what portion of the entire activities of the set of the s					
a b	Current year Carryover from last year			2a 2b			
c	Total			2c 3			
3 4		TI-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).  The substantially all (90% or more) dues received nondeductible by members? do the organization make only in-house lobbying expenditures of \$2,000 or less? do the organization agree to carry over lobbying and political expenditures from the prior year? TI-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer line 3, is answered "Yes."  The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid).  The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid).  The section 162(e) nondeductible lobbying and political expenditures (for nondeductible section 162(e) dues notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and litical expenditure next year?  The section 162(e) dues notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and litical expenditure next year?  The section 162(e) dues notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and litical expenditures (see instructions)  The section 162(e) dues notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and litical expenditures.  The college is a MEME in the section 162(e) dues not the reasonable estimate of nondeductible lobbying and litical expenditures.  The					
	political expenditure next yea	r?		4			
5 •			tions)	5			
Со	mplete this part to provide the	descriptions required for Part I-A, line		art II-A	(affiliat	ed group	lıst),
Ра			Explar	ation			
	LANATION OF LOBBYING	PART II-B, LINE 1	THE COLLEGE IS A MEMBER O				
ACT	IVITIES		ASSOCIATION OF 29 INDEPER UNIVERSITIES CICV WORKS INTERESTS OF NON-PROFIT, I EDUCATION IN VIRGINIA CICAND CONTINUES TO PROMOT BASED TUITION ASSISTANCE STUDENTS ATTENDING A PRIVADDITIONALLY, CICV MONITOR REGULATORY ACTIONS WHICH BY A PRESENCE DURING THE COSTUDENTS TO REVIEW PROPOSINTERACT WITH VARIOUS AD CICV IS ENGAGED IN PROMOTOR VIRGINIA'S INDEPENDENT COSTUDENTS THROUGH PUBLICATOR OF A PROVIDES ANALYZED DATA TO AND APPROPRIATE STATE AG VENTURES WHERE EFFICIENCE THE PARTICIPATION OF A GRECOLLEGE PAYS A MEMBERSHISTUDENT POPULATION FOR TO STUDENT POPULATION FOR TO STATE AND UNIVERSITIES ON POLICADS NAICU SERVES AS THE UNIFIED INDEPENDENT COLLEGES AND UNIVERSITIES ON POLICADS ON POLICADS AND UNIVERSITIES ON POLICADS AND AND THE NAICU STAPOLICY MAKERS, TRACKS CAM RESEARCH, ANALYZES HIGHER PUBLISHES INFORMATION, HE LEVEL ACTIVITIES, AND ADVILEGISLATIVE AND REGULATO POTENTIAL IMPACT ON THEIR SPEARHEADED INITIATIVES IN ALLIANCE, AN EFFORT TO ENHEXISTING STUDENT AID PROCONONPARTISAN NATIONAL CAREGISTRATION PROJECT NAINATIONWIDE REFLECT THE DISTANCE OF THE DIST	NDENT OF PROPERTY OF A SECTION OF	COLLEG MOTE TO NOTE TO	ES AND HE HIGHER INITIAT NON-NE INON-NE INON-N	SHIP OIES OF L SONS BY HE SION FE ES TS TH U AID

BLACK COLLEGES AND UNIVERSITIES, WOMEN'S COLLEGES, PERFORMING AND VISUAL ARTS

INSTITUTIONS, TWO-YEAR COLLEGES, AND SCHOOLS OF LAW, MEDICINE, ENGINEERING, BUSINESS, AND OTHER PROFESSIONS NAICU IS COMMITTED TO CELEBRATING AND PROTECTING THIS DIVERSITY OF THE NATION'S PRIVATE COLLEGES AND UNIVERSITIES FOR THE YEAR ENDED JUNE 30, 2013, NAICU EXPENDED APPROXIMATELY 6% OF THE MEMBERSHIP FEE FOR LOBBYING ACTIVITIES

DLN: 93493135032094

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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

Naı	ne of the organization DOLPH-MACON COLLEGE	iii 990. P See separate iistructions.	Emp	oloyer identific	ation num	ber
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar F		0505940 or Accounts	s. Compl	ete if the
	organization answered "Yes" to Form 990		anas	or Account.	S. Compi	ctc ii tiic
		(a) Donor advised funds		(b) Funds and	other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	ısed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?				┌ Yes	┌ No
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part I'	V, 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	n or education) Preservation of an Preservation of a G	certifie	d historic struc	cture	а
	easement on the last day of the tax year	ı				- W
	Total number of concernation concernation			Held at the	End of th	e Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified history	oric structure included in (a)	2b			
c d	Number of conservation easements included in (c) acc	` '	2c			
	historic structure listed in the National Register  Number of conservation easements modified, transfer	2d		durana		
3	the tax year -	rea, released, extiligaished, or terminate	eu by ti	ie organizacion	during	
4	Number of states where property subject to conservat	ion easement is located 🛌				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and	d ┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation easer	ments	during the year		
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement:	s durın	g the year		
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial				
ar	Complete if the organization answered "\		or Ot	her Similar	Assets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in further		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	staten	nent and balanc		blic
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	1,	422,488
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS					
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Assets included in Form 990, Part X			<u></u>		
				T		

Par	t IIII Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Trea</u>	sures, or O	the	r Similar .	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	ieck	any of the 1	following that a	are a	significant i	ıse of	ıts	
а	Public exhibition		d	Γ	Loan or e	exchange prog	rams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	v the	y further th	ne organizatior	ı's ex	cempt purpos	se in		
5	During the year, did the organization solicit							nılar	_		_
	assets to be sold to raise funds rather than		•							Yes	✓ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d ''Y	es" to Forn	า 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for c	ontributior	ns or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving t	:able	Г		Γ			
						-	_		Amou	ınt	
C C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						ı	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XI										J
Pa	rt V Endowment Funds. Complete										
1-	Paginning of year halance	(a)Current year 118,586,298	(b)⊦	Prior y	ear <b>b (c</b> 318,665	Two years back 103,125,070		96,099,3	_		ears back 27,907,075
la L	Beginning of year balance	2,977,348			673,013	1,986,950	-	1,289,1			2,145,753
b	Contributions	2,917,540		٠,٠	373,013	1,900,930	—	1,209,1	**		2,143,733
С	Net investment earnings, gains, and losses	14,491,352		1,	445,389	22,427,480		13,515,0	77	-2	8,490,056
d	Grants or scholarships	1,282,876		1,	259,119	1,255,518	3	1,288,1	86		1,159,485
e	Other expenditures for facilities and programs	4,852,137		5,	556,471	5,526,873	3	4,035,5			4,303,907
f	Administrative expenses	160,099			35,179	438,444	-	2,454,7	_		
g	End of year balance	129,759,886		118,	586,298	120,318,665	5	103,125,0	70	9	6,099,380
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g	, column (a	a)) held as					
а	Board designated or quasi-endowment ►	49 540 %									
b	Permanent endowment ► 34 060 %										
С	Temporarily restricted endowment 🕨 16	400 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon t	that	are held an	nd administere	d for	the			
	organization by								22(1)	<b>Yes</b> Yes	No
	(i) unrelated organizations			•			•	<u> </u>	3a(i) Ba(ii)	res	No
b	If "Yes" to 3a(II), are the related organization				· · · · · · · · · · · · · · · · · · ·		٠.	· · · [	3b	<u> </u>	1 <b>10</b>
4	Describe in Part XIII the intended uses of t	•								l	<u> </u>
Par	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line 10.						
	Description of property				Cost or othe s (investmen			(c) Accumula depreciatio		( <b>d</b> ) Bo	ok value
1a	Land					4,319	,610				4,319,610
b	Buildings					84,183		30,878	,877		3,304,784
c	Leasehold improvements					<u> </u>	3,834	· ·	,759		256,075
	Equipment					17,557		13,463	<del>`                                    </del>		4,094,156
е	Other					12,839				1.	2,839,242
	II. Add lines 1a through 1e (Column (d) must o			mn (	B), line 10(d			<u></u> ►	$\neg$		4,813,867
		· · · · · · · · · · · · · · · · · · ·							e D (F		90) 2012

(a) Description of security or category (including name of security)  1)Financial derivatives  2)Closely-held equity interests  3)Other A)CASH AND TEMPORARY INVESTMENTS	(I-)D I I	
1 )Financial derivatives 2 )Closely-held equity interests 3 )Other	(b)Book value	(c) Method of valuation
2 )Closely-held equity interests 3 )O ther		Cost or end-of-year market value
3)Other		
A) CASH AND TEMPORARY INVESTMENTS		_
	1,016,552	F
D) MADVETADIE ALTEDNATIVE ACCETO	22 702 780	F
B) MARKETABLE ALTERNATIVE ASSETS	22,792,789	<u> </u>
C) NO NMARKETABLE ALTERNATIVE ASSETS	7,097,307	F
-,	.,,	
D) REAL ESTATE/MORTGAGES AND OTHER	8,170,911	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 39,077,559	
art VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		•
-		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
Part IX Other Assets. See Form 990, Part X		
	cription	(b) Book value
(4) 5 6 5	CTIPCIOTI	(b) Book value
Patral (Column (h) resert are 15 mm 200 20 1 V 21 (C)	.15\	
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa  (a) Description of liability		
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  ederal income taxes	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Gederal income taxes  ANNUITIES PAYABLE	rt X, line 25. (b) Book value 1,727,137	
Part X Other Liabilities. See Form 990, Pa (a) Description of liability  dederal income taxes  NNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY	rt X, line 25. (b) Book value  1,727,137 9,956,855	<b>.</b>
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  ederal income taxes  NNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  EFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  ederal income taxes  NNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  EFUNDABLE LOAN PROGRAMS	rt X, line 25. (b) Book value  1,727,137 9,956,855	
Part X Other Liabilities. See Form 990, Pa (a) Description of liability	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	<b>.</b>
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	, , , , , <b>,</b>
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	
Part X Other Liabilities. See Form 990, Pa  (a) Description of liability  Tederal income taxes  ANNUITIES PAYABLE  OST RETIREMENT BENEFIT LIABILITY  REFUNDABLE LOAN PROGRAMS	1,727,137 9,956,855 2,433,686	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>er Retu</u>	rn
1	Total revenue, gains, and other support per audited financial statements	1	57,295,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	5,623,281
3	Subtract line <b>2e</b> from line <b>1</b>	3	51,672,678
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 762,760		
b	Other (Describe in Part XIII ) 4b 22,152,597		
c	Add lines <b>4a</b> and <b>4b</b>	4c	22,915,357
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	74,588,035
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	43,897,077
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		
C	Other losses		
d	Other (Describe in Part XIII )	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	876,147
3	Subtract line <b>2e</b> from line <b>1</b>	3	43,020,930
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 762,760		
b	Other (Describe in Part XIII )	]	
C	Add lines <b>4a</b> and <b>4b</b>	4c	21,869,493
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	64,890,423

### Part XIII 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

Identifier	Return Reference	Explanation
	PART III, LINE 4	RANDOLPH-MACON COLLEGE MAINTAINS A COLLECTION OF ORIGINAL ART WHICH SERVES AS A PRIMARY SOURCE FOR RESEARCH, EDUCATION AND EDIFICATION BUILT AROUND A DONATION OF ORIENTAL ART FROM THE ESTATE OF SENATOR HUGH SCOTT, AN ALUMNUS OF THE COLLEGE, THE PRESENT COLLECTION HAS BEEN FORMED MOSTLY FROM DONATIONS TO FURTHER THE PERMANENT HOLDINGS IN ART FOR THE BENEFIT OF FACULTY AND STUDENTS NO ASPECT OR ITEM FROM THE PERMANENT COLLECTION IS OFFERED FOR SALE OR PURCHASE, THE COLLECTION REMAINS INTACT FOR ACADEMIC STUDY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVEUNE CODE THE FEDERAL FORM 990 OF THE COLLEGE ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS		BOOK STORE COST OF GOODS SOLD NETTED AGAINST INCOME 818,902 RENTAL EXPENSES NETTED AGAINST INCOME 57,245 CHANGE IN VALUE OF INTEREST RATE SWAP -872,297 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION 1,141,040 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -95,176
PART XI, LINE 4B - OTHER ADJUSTMENTS		GRANTS AND FINANCIAL AID PAID 22,152,597
PART XII, LINE 2D - OTHER ADJUSTMENTS		BOOK STORE COST OF GOODS SOLD NETTED AGAINST INCOME 818,902 RENTAL EXPENSES NETTED AGAINST INCOME 57,245
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS AND FINANCIAL AID PAID 22,152,597 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION -1,141,040 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 95,176

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As Filed Data -

DLN: 93493135032094

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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** 

RANDOLPH-MACON COLLEGE 54-0505940 Part I YES NO 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 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NON-DISCRIMINATORY POLICY IS STATED IN THE COLLEGE CATALOG, ADMISSIONS BROCHURES AND IN RECRUITING MATERIALS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FEDERAL FINANCIAL AID MOST OF WHICH IS PASSED THROUGH TO STUDENTS

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493135032094

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

**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.

Inspection

Vame	of the	organizat	ıon
A ND	OLPH	-MACON	COLLEG

**Employer identification number** 

	54-0505940	
Part I	Fundraising Activities. Complete if the organization 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 ▼ Solicitation of government grants ✓ Internet and email solicitations ✓ Phone solicitations Special fundraising events ▼ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
- 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

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- (i) Name and address of (v) A mount paid to (vi) A mount paid to (ii) Activity (iii) Did (iv) Gross receipts ındıvıdual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization control of col (i) contributions? Yes CAMPAIGN GRENZEBACH GLIER & CONSULTATION **ASSOCIATES** 0 -11,433 401 N MICHIGAN Nο 11,433 **AVENUE STE 2800** CHICAGO, IL 60611 TELEPHONE RUFFALO CODY SOLICITATIONS PO BOX 3018 -30,693 30,693 Nο CEDAR RAPIDS, IA 524063018 42,126 -42,126
- 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

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col <b>(a)</b> through col <b>(c)</b> )
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	☐ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming   Yes," explain	icenses revoked, suspe	ended 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 ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ 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 <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> 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

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

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

OMB No 1545-0047

DLN: 93493135032094

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

ame of the organization		Employer identification number					
ANDOLPH-MACON COLLEGE						54-0505940	
Part I General Informat	ion on Grants an	d Assistance				<b>'</b>	
<ul> <li>Does the organization mainta the selection criteria used to</li> <li>Describe in Part IV the organ</li> <li>Part II Grants and Other</li> </ul>	award the grants or as ızatıon's procedures f	sistance? or monitoring the use o		d States			✓ Yes
				rt II can be duplicated			
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of gran or assistance
Enter total number of section  Enter total number of other or	ganızatıons lısted ın t	ne line 1 table				<u> </u>	
or Paperwork Reduction Act Notice, s	see the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<b>(b)</b> Number of recipients	<b>(c)</b> 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
1074	20,342,936			
459	1,712,610			
100	97,051			
	recipients 1074 459	recipients cash grant  1074 20,342,936  459 1,712,610	recipients cash grant non-cash assistance  1074 20,342,936  459 1,712,610	recipients cash grant non-cash assistance FMV, appraisal, other)  1074 20,342,936  459 1,712,610

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

Schedule I (Form 990) 2012

DLN: 93493135032094

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization RANDOLPH-MACON COLLEGE

**Employer identification number** 

54-0505940

Pa	rt I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel  Housing allowance or residence for personal use							
	▼ Travel for companions			1				
				1				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
				1				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	▼ Compensation committee     ▼ Written employment contract							
	✓ Independent compensation consultant ✓ Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	Receive a severance payment or change-of-control payment?	4a		No				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes					
С	Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		No				
b	Any related organization?	5b		No				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a		No				
ь	Any related organization?	6b		No				
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No				
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was							
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III							
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $534958-6(c)^{9}$	9						

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)ROBERT R LINDGREN ESQ PRESIDENT	(i) (ii)	255,896 0	0 0	6,565 0	159,500 0	35,305 0	<b>4</b> 57,266 0	0	
(2)PAUL T DAVIES VP ADMIN & FINANCE, TREASURER	(i) (ii)	152,481 0	0	77 <b>4</b> 0	29,780 0	11,211 0	194,246 0	0	
(3)DIANE M LOWDER VP ADVANCEMENT	(i) (ii)	143,715 0	50,000 0	6,692 0	30,567 0	10,571 0	241,545 0	0 0	
(4)WILLIAM T FRANZ PROVOST	(i) (ii)	152,686 0	0 0	0 0	13,843 0	5,418 0	171,947 0	0 0	
(5)DAVID L LESESNE VP ENROLLMENT	(i) (ii)	142,531 0	0 0	270 0	13,416 0	11,171 0	167,388 0	0	
(6)M THOMAS INGE FACULTY	(i) (ii)	127,080 0	0	3,708 0	11,924 0	7,872 0	150,584 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

Identifier Return Reference

Schedule J (Form 990) 2012

**Explanation** 

DLN: 93493135032094

OMB No 1545-0047

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

RA	ANDOLPH-MACON COLLEGE								. , 54-0505940							
Р	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pri	ce	(f) Description of purpose		(g)	(g) Defeased					Pool ncing	
										Ye	es	No	Yes	No	Yes	No
<b>A</b>	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF ASHLAND VIRGINIA	52-1353936		12-15-2004	4 ,9 0 0 ,0	000	REFU			, L		х		х		×
В	ECONOMIC DEVELOPMENT AUTHORITY OF THE TOWN OF ASHLAND VIRGINIA	52-1353936		04-01-2011	10,000,0	000 F	RENN	STRUCT DO NOVATE HO ITAL IMPRO	USE, OTHER	2		х		x		×
С	ECONOMIC DEVELOPMENT AUTHORITY OF THE TOWN OF ASHLAND VIRGINIA	52-1353936		02-01-2013	10,000,			NANCE SER ENUE BOND	1998 VCBA	4		х		x		×
Pa	art III Proceeds			•						•		'				,
					А		В			С			D			
1					10	,000,	,000	1	10,000,000							
_2																
3				4	,900,	,000	1	0,000,000		1	10,000	,000				
4	Gross proceeds in reserve fund															
5	Capitalized interest from proce	eds														
6	Proceeds in refunding escrows															
7	Issuance costs from proceeds					59,	,895		123,450			251	.,942			
8	Credit enhancement from proce															
9	Working capital expenditures fr															
10	Capital expenditures from proc	eeds ———————————————————————————————————														
11	Other spent proceeds															
12																
13	Year of substantial completion				2007			20:			20:					
	Wana bha handa ca cada	-6			Yes	No	<del>'  </del>	Yes	No	Yes	5	N <sub>0</sub>		Yes	_	No
14						Х			X			X	-		_	
15			ding issue?			X			Х			X				
16	Has the final allocation of proce	eeds been made?			X			Х		Х						
17	Does the organization maintain allocation of proceeds?	adequate books an	d records to supp	ort the final	X			×		Х						
Pa	rt III Private Business Us	se		-												
					Α			В			C			_	D	
					Yes	No	,	Yes	No	Yes	5	N	•	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

	dule K (Form 990) 2012									Page <b>Z</b>
Par	t III Private Business Use (Continued)		ı						$\overline{}$	
			Yes	A No	Yes	No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	163	X	Tes	X	163	X	165	140
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?	sel to review any management or service contracts relating to the financed								
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			%		%			%	9/6
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%			%	0/6
6	Total of lines 4 and 5			%		%		1	%	%
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		
8a	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 issued?			х		х		×		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		-	%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all noncombonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			x		x		x		
Dat	t IV Arbitrage									
	Aibidage	Α			В		С		D	
		Yes	No	Yes	No	Yes	5	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х			Х		
2	If "No" to line 1, did the following apply?			1		•		·		
a	Rebate not due yet?		Х		Х			Х		
ь	Exception to rebate?		Х		Х			Х		
	No rebate due?		Х		Х			Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			1						
3	Is the bond issue a variable rate issue?		Х		Х			Х		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		
b	Name of provider									
С	Term of hedge				<u> </u>					
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		I								

**Identifier** 

Return Reference

- C	t IV Arbitrage (Continued)	1 -		<del></del>		1 -			
		A	1	В		<u> </u>		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		
b	Name of provider								
c	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?		X		×		Х		
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		х		×		х		

dule K (see ilistructions).

Schedule K (Form 990) 2012

**Explanation** 

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As Filed Data -

DLN: 93493135032094

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

2012

Open to Public Inspection

RANDOLPH-MACON COLLEG	on E									ication	number	
Part I Excess Be	nefit Tran	eactions (	section 5	01(c)(3) a	nd section 5	01(c)(4) ord		-0505				
					art IV, line 25					/ , line 4	0 b	
1 (a) Name of dis	qualified pers			between dıs		(c) Descrip	tion o	ftrans	action		<b>d)</b> Corre	cted?
			person and	d organization	on						res	No
2 Enter the amount	of tax incurr	d by organiza	ation mana	gars or disc	ualified perce	ne during the	VOREL	ındor	oction	<u>l</u>		
4958	ortax iliculie	u by organiza	• •		lualilled perso		, ear c		• \$ -			
3 Enter the amount	of tax, ıf any,	on line 2, ab	ove, reimb	ursed by the	e organızatıon				<b>&gt;</b> \$			
Part III Loans to	and/or F	rom Inter	ested De	arconc								
					-EZ, Part V, lı	ne 38a, or Foi	rm 99	O, Par	t IV, line	e 26, o	r ıf the	
		n amount on				I I					T	
	Relationship organization	(c) Purpose of loan	(d) Loan		(e)Original principal	( <b>f)</b> Balance due		In ult?	(h) Appro		(i)Wri	
person			organizat		amount				by boa	rd or	1.3	
			То	From	4				commit	ttee?	<del> </del>	No
			1 10	FIUIII			Vac	l Na	l Vac	l Na	I Vac	140
							Yes	No	Yes	No	Yes	
							Yes	No	Yes	No	Yes 	
							Yes	No	Yes	No	Yes  -  -	
							Yes	No	Yes	No	Yes  -  -  -	
							Yes	No	Yes	No	Yes    -  -  -	
Total							Yes	No	Yes	No	Yes	
Total  Part III Grants o	r Assistan	ce Benefit	► \$		Persons.		Yes	No	Yes	No	Yes	
Part IIII Grants o	r Assistan ıf the orga	ce Benefit	ting Inte	erested P	Persons.	IV, line 27.		No	Yes	No	Yes	
Part IIII Grants o Complete (a) Name of Intereste	of the orga d (b) Re	nization ans lationship bet	ting Inte	erested P	Persons. rm 990, Part fassistance	IV, line 27. (d) Type of					Yes	stance
Part IIII Grants o Complete	of the orga d (b) Re interes	nization ans lationship bet ted person ar	ting Inte	erested P	rm 990, Part						- - - - - - -	stance
Part IIII Grants o Complete (a) Name of Intereste	of the orga d (b) Re interes	nization ans lationship bet	ting Inte	erested P	rm 990, Part						- - - - - - -	stance
Part IIII Grants o Complete (a) Name of Intereste	of the orga d (b) Re interes	nization ans lationship bet ted person ar	ting Inte	erested P	rm 990, Part						- - - - - - -	stance
Part IIII Grants o Complete (a) Name of Intereste	of the orga d (b) Re interes	nization ans lationship bet ted person ar	ting Inte	erested P	rm 990, Part						- - - - - - -	stance

					r age =
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) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	t zation's
				Yes	No
(1) E JACKSON LUCK	TRUSTEE	16,281	JACKSON LUCK IS A PRINCIPAL IN LUCK MOTORS, A LOCAL CHEVROLET DEALER THE COLLEGE PURCHASED A USED VEHICLE, PARTS AND LABOR FROM THE DEALERSHIP DURING THE YEAR		No
(2) MARK O GREN	TRUSTEE	10,000	MARK OGREN IS MARRIED TO MARGIE TURBYFILL, WHO PROVIDES CAREER COUNSELING TO STUDENTS IN THE PURNELL BAILEY PRE- MINISTERIAL PROGRAM ON A CONTRACTED BASIS		No
(3) WILLIAM F CARNE PHD	FORMER TRUSTEE	78,125	WILLIAM F CARNE IS MARRIED TO LINDA CARNE WHO WAS HIRED AS A DIRECTOR FOR THE MAJOR CAREER COUNSELING PROGRAM, STARTING FEBRUARY 2012 AT THE END OF FISCAL YEAR 2012, MR CARNE STEPPED DOWN AS TRUSTEE LINDA CARNE'S GROSS COMPENSATION DURING FY13 WAS \$65,325 WILLIAM F CARNE IS THE FATHER OF CARA CARNE WHO WAS HIRED ON 2/7/13 AS A DEVELOPMENT INTERN IN THE OFFICE OF COLLEGE ADVANCEMENT CARA CARNE'S GROSS COMPENSATION DURING FY13 WAS \$12,800		No
				<u> </u>	

## Part V Supplemental Information

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

Identifier Return Reference Explanation

DLN: 93493135032094

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE M (Form 990)

▶Complete if the organizations answered "Yes" on Form

**Noncash Contributions** 

Internal Revenue Service

990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Name of the organization RANDOLPH-MACON COLLEGE

**Employer identification number** 

					54-0505940		
Pa	Types of Property						
_	A.t. Warles 6	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contrib	letermining	nts
	Art—Works of art						
	Art—Historical treasures .						
_	Art—Fractional interests						
	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	56	764 866	AVE HIGH/LOW A	T TRANSFE	
	Securities—Closely held stock			, , , , , , ,			
	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
	Qualified conservation contribution—Historic structures						
	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
	Real estate—Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts LIFE INSURANCE						
25	Other ► ( POLICIES ) CUSTOM	X	1	31,002	COMPANY VALUA	TION	
26	WEATHER Other►(VANE)	×	1	5,293	DONOR VALUE		
	O ther ▶()			,			
	Other ► ()						
29	Number of Forms 8283 received for which the organization comple				29		
	B				4 30 11	Yes	No
30a	During the year, did the organiza must hold for at least three year for exempt purposes for the enti	rs from the o	date of the initial contribution	on, and which is not require		30a	No
b	If "Yes," describe the arrangem	ent in Part 1	II				
31	Does the organization have a gif	ft acceptand	ce policy that requires the r	review of any non-standard	contributions?	<b>31</b> Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a	No
	If "Yes," describe in Part II If the organization did not report	t an amount	: in column (c) for a type of	property for which column (	a) ıs checked,		

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**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

Schedule M (Form 990) (2012)

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SCHEDULE O

As Filed Data -

DLN: 93493135032094

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 RANDOLPH-MACON COLLEGE

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505940

ldentifier	Return Reference	Explanation
	PART VI, SECTION B, LINE 11	PROCESS FOR REVIEWING 990 THE TREASURER, CONTROLLER AND PRESIDENT CONSULT TO DETERMINE THAT A DRAFT OF THE 990 FORM IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE. THE DRAFT IS THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES (BOT) ELECTRONICALLY CORRECTIONS, COMMENTS AND SUGGESTIONS FROM ALL MEMBERS ARE COMPILED AND, AS APPROPRIATE, INCORPORATED INTO THE RETURN, AND, BY CHARTER MANADATE, THE AUDIT COMMITTEE OF THE BOT REVIEWS THE DRAFT BEFORE FINAL FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EACH FALL THE ASSISTANT SECRETARY TO THE BOARD OF TRUSTEES DISTRIBUTES THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS TO THE TRUSTEES AND TO COVERED EMPLOYEES HE IS RESPONSIBLE FOR ENSURING THAT ALL DISTRIBUTED STATEMENTS ARE COMPLETED AND RETURNED AND REVIEWED FOR POTENTIAL CONFLICTS THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION REPORTS THE RESULTS OF THE QUESTIONNAIRES TO THE AUDIT COMMITTEE OF THE BOARD THE AUDIT COMMITTEE REPORTS CONFLICTS TO THE FULL BOARD FOR APPROPRIATE RESOLUTION

ldentifier Returr Referen	Explanation ee
FORM 990 PART VI, SECTION E LINE 15	THE BOARD OF TRUSTEES, AND CONSISTING IN MAJORITY OF TRUSTEES, WORKED WITH AND WAS ADVISED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST

ldentifier	Identifier Return Reference			
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST		

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF INTEREST RATE SWAP -872,297

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
LINE 12 ADVERTISING	FORM 990, PART IX, LINE 12	ADVERTISING AND PROMOTION EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, THE PRINTING AND PUBLICATION OF MATERIALS TO MAKE POTENTIAL STUDENTS AWARE OF THE COLLEGE'S PROGRAMS AND OPPORTUNITIES THIS LINE ALSO INCLUDES THE EXPENSES OF PUBLICIZING EVENTS AND ACTIVITIES SPONSORED BY ALUMNI RELATIONS, OFFICE OF ADVANCEMENT, ATHLETICS AND OTHER DEPARTMENTS ON CAMPUS TO STUDENTS, FACULTY, STAFF, ALUMNI AND THE GENERAL PUBLIC

ldentifier	Return Reference	Explanation
CONTINUATION OF MISSION STATEMENT	FORM 990, PART III, LINE 1	AT RANDOLPH-MACON THE MATURATION AND TESTING OF THE SKILLS, VALUES, AND CHARACTER REQUIRED FOR A LIFETIME OF CHALLENGES EXTENDS BEY OND THE CLASSROOM STUDENTS ARE ENCOURAGED TO MEET WITH FACULTY BOTH SOCIALLY AND INTELLECTUALLY, AND THEY HAVE THE OPPORTUNITY TO PARTICIPATE IN A VARIETY OF EXTRA-CURRICULAR ACTIVITIES INTERACTION WITHIN THE COLLEGE COMMUNITY IS ASSURED BY RESIDENTIAL ENVIRONMENT AND AN ENROLLMENT OF APPROXIMATELY THIRTEEN HUNDRED LOCATED IN ASHLAND, VIRGINIA RANDOLPH-MACON COLLEGE OFFERS A CURRICULUM AND A CULTURAL LIFE ENRICHED BY THE CLOSE PROXIMITY OF METROPOLITAN RICHMOND AND WASHINGTON, D C A RANDOLPH-MACON EDUCATION CONVEYS A SENSE OF LIFE DEFINED BY HISTORICAL CONTINUITY AND ETHICAL RESPONSIBILITY FOUNDED BY METHODISTS IN 1830, RANDOLPH-MACON IS AN INDEPENDENT COLLEGE THAT RETAINS A RELATIONSHIP WITH THE UNITED METHODIST CHURCH THROUGH THIS LIVING TIE THE COLLEGE DRAWS STRENGTH FROM A RELIGIOUS TRADITION THAT NURTURES CREATIVE SOCIAL CHANGE AND PERSONAL ACCOUNTABILITY RANDOLPH-MACON BELIEVES THAT A LIBERAL ARTS EDUCATION CHALLENGES THE INTELLECT, IMAGINATION, AND CHARACTER GRADUATES OF THE COLLEGE HAVE THE CAPACITY TO REALIZE THEIR POTENTIAL AS PROFESSIONALS, LEADERS, AND LIFELONG LEARNERS THE COMPREHENSIVE NATURE OF A LIBERAL ARTS EDUCATION AT RANDOLPH-MACON COLLEGE PREPARES STUDENTS TO RESPOND TO THE CHANGING CAREER OPPORTUNITIES AND TO MEET LIFES CHALLENGES WITH CONFIDENCE, ENTHUSIASM, AND ETHICAL AWARENESS

ldentifier	Return Reference	Explanation
LINE 24C OTHER SUPPLIES AND SERVICES	l '	THIS A MOUNT INCLUDES PURCHASES OF SUPPLIES, EQUIPMENT AND MAINTENANCE EXPENSE AS WELL AS ACTIVITIES RELATED TO CLASSROOMS, LABORATORIES AND OTHER DEPARTMENTS