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DLN: 93493132044817

Return of Organization Exempt From Income Tax

Form 990

Department of the

Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public

reasu nterna			oout Form 990 and its instructions is at <u>ww</u>	/w IRS gov/fo	<u>ı m990</u>	Inspection	
		5 calendar year, or tax year begii	nning 07-01-2015 , and ending 06-30-201	6			
	eck if applicat	C Name of organization	<u> </u>		D Employe	r identification number	
— Ad	ldress change	Hampden Sydney College			54-050	5906	
☐ Nā	ame change	Doing business as					
_	itial return	2 5 11 9 2 4 5 11 9 5 5 6					
Fir eturn/	nal 'terminated	Number and street (or P O box	if mail is not delivered to street address) Room/sui	te	E Telephone	number	
	ended return	College Road					
	plication pend	City or town, state or province,	country, and ZIP or foreign postal code		•		
		Hampden Sydney, VA 23943			G Gross rece	eıpts \$ 73,965,364	
		F Name and address of prii	ncıpal officer	H(a) Is th	ıs a group re	eturn for	
		Dennis G Stevens			rdinates?	⊤ Yes 🗸	
		College Road Hampden Sydney, VA 239	43	No		·	
Tax	x-exempt sta	tue —		н(ь) Are a inclu	all subordina	rtes Yes No	
		Tuus	◀ (insert no) 4947(a)(1) or 527			list (see instructions)	
W	ebsite: 🟲	http //www hsc edu			up exemption	, ,	
/ Earn	n of organiza	tion Corporation Trust Ass	sociation		ormation 1919		
FOII	ii or organiza	tion Corporation Trust As:	Sociation Other P	_			
Pa	rt I Su	ummary					
		•	sion or most significant activities				
		· · · · · · · · · · · · · · · · · · ·	PDEN-SYDNEY COLLEGE HAS BEEN TO	FORM GOO	D MEN AND	GOOD CITIZENS IN AN	
υ	<u>ATMO</u>	SPHERE OF SOUND LEARNING	G				
<u> </u>							
GOVERNANCE							
2	2 Check	k this box ▶ ┌ if the organizatio	n discontinued its operations or disposed o	of more than	25% of its n	et assets	
		,	·				
ಶ ∧	3 Numb	er of voting members of the gove	erning body (Part VI, line 1a)		. 3	32	
É	4 Numb	er of independent voting membe	ers of the governing body (Part VI, line 1b)		🔽	4 32	
AC UMUES	5 Total	number of individuals employed	5	906			
ž	6 Total	number of volunteers (estimate	ıf necessary)		6	993	
	7a Total	unrelated business revenue from	m Part VIII, column (C), line 12		7	'a -299,591	
	b Netun	related business taxable income	e from Form 990-T, line 34		. 7	7b -75,83	
				Pric	or Year	Current Year	
	8 Co	ntributions and grants (Part VII	I.line 1h)		16,428,76		
			•				
₫		ogram service revenue (Part VII					
enuez	9 Pro				57,911,36		
Ravenua	9 Pro	vestment income (Part VIII, col	umn (A), lines 3, 4, and 7d)		1,809,49	1,065,94	
Ravenue	9 Pro 10 Inv	vestment income (Part VIII, col her revenue (Part VIII, column (umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,809,49 963,41	9 555,92	
Ravenua	9 Pro 10 Inv 11 Ot	vestment income (Part VIII, col her revenue (Part VIII, column (tal revenue—add lines 8 through	umn (A), lines 3, 4, and 7d)		1,809,49	9 555,92	
Ravenue	9 Pro 10 Inv 11 Ot 12 Tot 12	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through)	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	1,809,49 963,41	1,065,944 9 555,923 5 70,447,563	
Ravenue	9 Pro 10 Inv 11 Otl 12 Toi 12 To 12 Gra	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (P	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,809,49 963,41 77,113,04	1,065,944 9 555,923 5 70,447,563	
Rạv	9 Pro 10 Inv 11 Otl 12 Toi 12 13 Gra 14 Be	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (P nefits paid to or for members (Pa	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), line Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62	1,065,944 9 555,923 5 70,447,563 4 25,794,933	
Rạv	9 Pro 10 Inv 11 Otl 12 To 12 13 Gra 14 Be 15 Sal	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (P nefits paid to or for members (Pa	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111 (must equal Part VIII, column (A), line Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04	1,065,944 9 555,923 5 70,447,563 4 25,794,933	
Rạv	9 Pro 10 Inv 11 Otl 12 Tol 12 13 Gra 14 Bel 15 Sal 5-	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Panefits, other compensation, emp	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111 (must equal Part VIII, column (A), line Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62	1,065,944 9 555,923 5 70,447,563 4 25,794,933	
Rạv	9 Pro 10 Inv 11 Otl 12 Tot 12 13 Gra 14 Be 15 Sal 5- 16a Pro	vestment income (Part VIII, colo her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Panefits, other compensation, emp	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62	1,065,944 9 555,923 5 70,447,563 4 25,794,933	
Expenses Ravenue	9 Pro 10 Inv 11 Otl 12 Toi 12 13 Gra 14 Bel 15 Sal 5- 16a Pro b Toto	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Partiss paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Partial fundraising expenses (Part IX, column	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lines Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62	1,065,944 9 555,923 5 70,447,563 4 25,794,933 (1 27,862,064	
Rạv	9 Pro 10 Inv 11 Otl 12 Toi 12 13 Gra 14 Bei 15 Sal 5- 16a Pro b Tota 17 Otl	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (P nefits paid to or for members (Pa laries, other compensation, emp 10) ofessional fundraising fees (Part al fundraising expenses (Part IX, column ther expenses (Part IX, column (umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) a 11 (must equal Part VIII, column (A), lines Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62 26,547,08	1,065,944 9 555,92 5 70,447,56 4 25,794,93 1 27,862,064 (0 21,118,56	
Expenses Ray	9 Pro 10 Inv 11 Otl 12 Tol 12 13 Gra 14 Bel 15 Sal 5- 16a Pro 17 Otl 18 Tol	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Part IX, column (her expenses (Part IX, column (her expenses Add lines 13–17 (tal expenses Add lines A	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) in 11 (must equal Part VIII, column (A), lines Part IX, column (A), lines 1-3)		1,809,49 963,41 77,113,04 24,137,62 26,547,08	1,065,944 9 555,925 5 70,447,565 14 25,794,933 11 27,862,064 10 21,118,565 74,775,566	
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Expenses Ray	9 Pro 10 Inv 11 Otl 12 Tot 12 13 Gra 14 Bet 15 Sal 5- 16a Pro 17 Otl 18 Tot 19 Re	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Part al fundraising expenses (Part IX, column (Art and Expenses (Part IX, column (Art and Expenses Add lines 13–17 (venue less expenses Subtract I	umn (A), lines 3, 4, and 7d) (A), lines 5, 6d, 8c, 9c, 10c, and 11e) in 11 (must equal Part VIII, column (A), lines 2 art IX, column (A), lines 1 - 3)	. Beginning	1,809,49 963,41 77,113,04 24,137,62 26,547,08 21,220,10 71,904,80 5,208,24 of Current Yes	1,065,944 9 555,925 5 70,447,565 14 25,794,933 15 27,862,064 16 21,118,565 174,775,566 16 -4,327,993 17 End of Year	
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Expenses Ray	9 Pro 10 Inv 11 Otl 12 Toi 12 13 Gra 14 Bei 15 Sal 5- 16a Pro 17 Otl 18 Toi 19 Re 20 Toi 21 Toi	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Partiss paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Partial fundraising expenses (Part IX, column (Atal expenses Add lines 13–17 (venue less expenses Subtract lital assets (Part X, line 16) . tal liabilities (Part X, line 26) .	umn (A), lines 3, 4, and 7d)	Beginning	1,809,49 963,41 77,113,04 24,137,62 26,547,08 21,220,10 71,904,80 5,208,24 of Current Yes 281,461,24 26,292,15	1,065,944 9 555,923 5 70,447,563 4 25,794,933 1 27,862,064 1 0 21,118,563 74,775,560 -4,327,993 ar End of Year 8 266,330,230 8 24,461,333	
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Kurd Balances Expenses Ray	9 Pro 10 Inv 11 Oti 12 Toi 12 13 Gra 14 Bei 15 Sai 5- 16a Pro 17 Oti 18 Toi 19 Re 20 Toi 21 Toi 22 Ne 11 Si 17 epenalties 18 re penalties 18 re penalties 19 re penalties 19 re penalties 10 re penalties 11 Si	vestment income (Part VIII, column (her revenue (Part VIII, column (tal revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Part IX, column (Atal expenses (Part IX, column (Atal expenses Add lines 13–17 (Venue less expenses Subtract IVenue less expenses Subtract IVenue less or fund balances Subtract IVenue IVen	umn (A), lines 3, 4, and 7d)	Beginning of the state of the s	1,809,49 963,41 77,113,04 24,137,62 26,547,08 21,220,10 71,904,80 5,208,24 26,547,08 21,220,10 2	1,065,946 9 555,92 5 70,447,56 4 25,794,93 6 27,862,066 6 21,118,56 74,775,56 6 -4,327,99 8 266,330,238 8 244,461,33 9 241,868,89	
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Net Assets of Expenses Ray Balances Capenses Ray Balances Capenses Capenses Ray Cap	9 Pro 10 Inv 11 Oti 12 Toi 12 13 Gra 14 Bei 15 Sai 5- 16a Pro 17 Oti 18 Toi 19 Rei 20 Toi 21 Toi 22 Ne 111 Si 11 repenalties 11 over has and	her revenue (Part VIII, column (her revenue (Part VIII, column (her revenue—add lines 8 through) ants and similar amounts paid (Panefits paid to or for members (Palaries, other compensation, emp 10) ofessional fundraising fees (Part IX, column (her expenses (Part IX, column (her expenses (Part IX, column (her expenses Add lines 13–17 (venue less expenses Subtract I) tal assets (Part X, line 16) . tal liabilities (Part X, line 26) . t assets or fund balances Subtract I gnature Block of perjury, I declare that I have ind belief, it is true, correct, and y knowledge ****** Signature of officer W Glenn Culley Jr VP Business Aff Type or print name and title	umn (A), lines 3, 4, and 7d)	Beginning of the self ate Cheself Firm	1,809,49 963,41 77,113,04 24,137,62 26,547,08 21,220,10 71,904,80 5,208,24 of Current Yes 281,461,24 26,292,15 255,169,09 es and state based on all	1,065,944 1,065,	

. Tyes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
	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	11 c		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? <i>If "Yes," complete Schedule D, Part IX</i>	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			<u>=</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Pait I</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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26	Vac	

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

member of any of these persons? If "Yes," complete Schedule L, Part III

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

instructions for applicable filing thresholds, conditions, and exceptions)

If "Yes," complete Schedule L, Part II .

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27

28a

28h

28c

29

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33

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35a

35b

36

37

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Yes

Yes

Yes

Yes

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Par		Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>			
1a	Enter+	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,531		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did the	L e organization comply with backup withholding rules for reportable payments to	o vend	ldors and reportable			
_		g (gambling) winnings to prize winners?			1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and atements, filed for the calendar year ending with or within the year covered					
		return	2a	906			
b		ast one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
22		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during	•	·	3a	Yes	
		," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	-	•	3b	Yes	
		time during the calendar year, did the organization have an interest in, or a si					
		financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		No
b							110
_		.," enter the name of the foreign country	and	Financial Accounts			
	(FBAR))					
		e organization a party to a prohibited tax shelter transaction at any time durin	_		5a		No
	•	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		No
C	If"Yes	," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does tl	he organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a		No
	_	zation solicit any contributions that were not tax deductible as charitable cont					
Ь		,," did the organization include with every solicitation an express statement th ot tax deductible?	nat su ••••	ch contributions or gifts	6b		
7	Organia	zations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a	Yes	
h		es provided to the payor? .," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
		e organization sell, exchange, or otherwise dispose of tangible personal proper				103	
	file For	m 8282?			7 c		No
d	If"Yes	," indicate the number of Forms 8282 filed during the year	7d				
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?			
_	D. J. H.		1 1-		7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso organization received a contribution of qualified intellectual property, did the o			7f		No
9	require	•		Euclon me Form 6655 d5	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	•	oring organizations maintaining donor advised funds.					
		lonor advised fund maintained by the sponsoring organization have excess but the year?	sines:	s holdings at any time	8		
9a		e sponsoring organization make any taxable distributions under section 4966	,		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson ⁷	9b		
LO	Section	n 501(c)(7) organizations. Enter					
		on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross i	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
L1	Section	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them)	11b				
	_						
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
ט	year	," enter the amount of tax-exempt interest received or accrued during the	12b				
L3	Section	n 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	ote 9	See the instructions for			
-		nal information the organization must report on Schedule O	3.0.3		13a		
b		he amount of reserves the organization is required to maintain by the states high the organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		L e organization receive any payments for indoor tanning services during the tax		7	14a		No
		," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		

	` ,			
Part VI	Governance,	Management,	and	Disclosure

2 through 7h helow, and for a "No" response to lines 8a, 8b, or 10b below,

rui Eaci	1 105	response u) IIII e s 2 uii 0	ugii 70 belo	w, and ioi a	NO	response to inies	0a, 0D, UI	TOD DEION
describe	the c	urcumstance	s, processes,	, or changes	ın Schedule	O. S	See instructions.		

	Check if Schedule O contains a response or note to any line in this Part VI					🗸
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	32			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control			3		Νo
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	\ensuremath{Did} the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu		e.)
			ı		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?			12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12 c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? .			14	Yes	
5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Ch					

State the name, address, and telephone number of the person who possesses the organization's books and records ►W Glenn Culley Jr College Road Hampden Sydney, VA 23943 (434) 223-6216

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

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

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

Part VII

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 11136	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			 				
c Total from continuation s	•				•	. 🖊				
d Total (add lines 1b and 1c	:)			•	•	•		1,635,076	0	394,113

Yes No Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

ındıvıdual		Yes Yes
5 Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? <i>If "Yes," complete Schedule J for services and the accruence of the accruence of</i>	auch navaan	5 No
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent co compensation from the organization. Report compensation for the cale		
(A) Name and business address	(B) Description of services	(C) Compensation
Thompson Hospitality, 1741 Business Center Dr Suite 200 Reston, VA 20190	Food Service	3,381,622
Hanbury Evans Wright Vlattas Co, P O Box 3518 Norfolk, VA 23514	Architects	899,088
Royal Company, 1920 East Parham Road Hennco, VA 232282206	Consultants	530,509
Williams Mullen, 200 South 10th Street Richmond, VA 23219	Law Firm	197,839
Orno Strategic Marketing, P O Box 7024 Richmond, VA 23221	Marketing Firm	187,189
2 Total number of independent contractors (including but not limited to th \$100,000 of compensation from the organization ▶ 8	ose listed above) who received more than	Farra 200 (2015)

Form 99		15)						Page 9
Part V	Ш	Statement o						_
		Check If Sched	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
š	1a	Federated cam	paigns 1a					
Grants smounts	ь	Membership du	ies 1b					
G. Gr	с	Fundraising eve	ents 1c					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	zations 1d					
im:	е	Government grants	s (contributions) 1e	3,524,185				
tion er S	f	All other contribution	ons, gifts, grants, and 1f	5,628,111	j			
ib He	g	Noncash contribution	ons included in lines	1,053,140				
ontr nd (h	1a-1f \$ Total. Add lines	s 1 a-1 f		9,152,296			
<u>ة ت</u>		Total. Add filles	5 Id-II	Business Code	3,102,230			
돌	2a	Gross Tuition & Fe	es	Business Code 611710	44,236,416	44,236,416		
Program Service Revenue	b	Auxiliary Enterprise		611710	15,436,988	15,436,988		
n H	с		-		, ,	, ,		
Ę.	d							
S E	е							
ogra	f	All other progra	am service revenue					
<u>&</u>	g	Total. Add lines	s 2a-2f		59,673,404			
	3		ome (including dividend ar amounts)		139,252		-334,658	473,910
	4		stment of tax-exempt bond p					
	5	Royalties						
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	4,441,877	2,612				
	b	Less cost or other basis and	3,517,017	780				
	_	sales expenses Gain or (loss)	924,860	1,832				
	c d		[•	926,692			926,692
/enne		Gross income f events (not inc	rom fundraising luding	,				
Other Revenue		See Part IV, lin	s reported on line 1c) ne 18 a					
⊕			penses b					
		Gross income f	(loss) from fundraising of from gaming activities ne 19	events p				
	ь	Less direct ex	penses b					
	С		loss) from gamıng actıv	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo						
	ь	Less cost of a	oods sold b					
		_	(loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b c							
	d	All other reven	ue		555,923	520,856	35,067	
	e	Total. Add lines	L		555,923			
	12	Total revenue.	See Instructions		,	60 104 360	200 504	1 400 603
	l	_			70,447,567	60,194,260	-299,591	1,400,602

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

Check if Schedule	O contains a response or note to any line in this Part IX								
	·								

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	25,696,683	25,696,683		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	98,250	98,250		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	975,711		789,320	186,391
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	20,609,412	15,571,682	3,806,631	1,231,099
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,441,185	1,002,021	334,883	104,281
9	Other employee benefits	3,366,323	2,340,525	782,219	243,579
10	Payroll taxes				
		1,469,433	1,021,662	341,446	106,325
11	Fees for services (non-employees)				
а	Management				
b	Legal	189,867	3,292	186,575	_
c	Accounting	112,889		112,889	_
d	Lobbying				_
е	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	2,595,365	1,555,668	885,449	154,248
14	Information technology	590,374	570,186	13,119	7,069
15	Royalties				
16	Occupancy	2,012,221	1,033,789	978,432	
17	Travel	1,067,672	740,737	259,351	67,584
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	392,122	392,122		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,589,168	3,589,168		
23	Insurance	333,894	147,796	186,098	
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	General	2,918,499	2,220,431	414,374	283,694
b	Consultants	269,509	86,808	179,426	3,275
c	Contract Services	5,521,326	4,490,215	1,008,478	22,633
d					
е	All other expenses	1,525,657	1,525,657		
25	Total functional expenses. Add lines 1 through 24e	74,775,560	62,086,692	10,278,690	2,410,178
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)				

End of year

10,319,630

4,801,027

717,621

423,010

4.741.419

1,069,648

1,088,145

86,931,406

4,010,558

152,227,766

266,330,230

7,334,974

1,328,814

14,427,922

1,036,927

24,461,333

69,120,932

84.094.060

88,653,905

241,868,897

266,330,230 Form 990 (2015)

332,696

Beginning of year

12,751,392

7,305,474

835,663

333.010

5.297.307

1,198,917

85,502,109

5,251,234

162, 129, 506

281,461,248

7,415,579

1,327,803

16,029,726

320,500

32,008

1,166,542

26,292,158

70,268,368

96,989,761

87,910,961

255.169.090

281,461,248

159 036 975

72,105,569

856,636

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Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Part X				
				-	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation . Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

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Fund Balances

Ö

Net Assets

	/							.90
Part X	Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part X	•						٠,
			(A)			- ((B)	

10a

10b

Form 990 (2015)	P
Part X	Balance Sheet	

70,447,567

74,775,560

-4,327,993

255,169,090

-8,972,200

241,868,897

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

Reconcilliation of Net Assets

1	Total revenue	(must equal	Part VIII	colur
-	Total levellae	(Illust equal	I GIC VIII,	COIGI

mn (A), line 12) Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities . Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990

Schedule O

Cash ✓ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

Separate basis

Schedule O

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

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2b

2a

2c

3a

3b

Software ID: Software Version:

EIN: 54-0505906

Name: Hampden Sydney College

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h an or/tr	offic ustee	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	and related organizations
J Trevor Boyce	3 00									
Trustee	0 00	×						0	0	(
Orran L Brown Sr	3 00									
Trustee	0 00	X						0	0	(
Charles L Cabell	3 00									
Trustee	0 00	X						0	0	(
Lawrence B Caplin	3 00									
Trustee	0 00	X						0	0	(
Bradley H Cary	3 00									
Trustee	0 00	X						0	0	(
Cynthia L Citrone	3 00									
Trustee	0 00	X						0	0	(
Richard P Cook	3 00									
Trustee	0 00	X						0	0	(
Navın Thukkaram	3 00									
Trustee	0 00	Х						0	0	
Jon M Daly	3 00									
Trustee	0 00	X						0	0	
Nathan J DaPore	3 00									
Trustee	0 00	×						0	0	C
	•	•	•	•	•	'	'	ı	1	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe offi	han rso cer	onot check one box, on is both an and a 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 trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
John W Drescher	3 00									
Trustee	0 00	Х						0	0	0
H Todd Flemming	3 00									
Trustee	0 00	Х						0	0	0
John L Gibson III	3 00									
Trustee		Х						0	0	0
	0 00					_	\vdash			
M Peebles Harrison	10 00	x		×				0	0	0
Trustee - Chair	0 00	^		^				0	0	Ĭ
Everett A Hellmuth III	3 00	x						0	0	0
Trustee	0 00									
Eugene W Hickok Jr Trustee	3 00									
	0 00	Х		×				0	0	0
John Hillen	3 00									
		V		l	I	I	1	_	۸.	l o

0 00 3 00

0 00

Х

Χ

Х

Trustee

Trustee

Trustee

Trustee

William B Howard

John W Kırk III

John G MacFarlane III

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 any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Charles V McPhillips	3 00									
Trustee	0 00	Х						0	0	0
Bartow Morgan Jr	3 00									
Trustee	0 00	Х						0	0	0
Gordon C Nash	3 00									
T .		Х						0	0	0
Trustee	0 00									
Tayloe N Negus	3 00									
Trustee	0 00	X						0	0	0
Jon A Pace	3 00									
Trustee	0 00	Х						0	0	0
William L Pannill	3 00									
	0 00	X						0	0	0
	3 00									
Thaddeus R Shelly III	3 00	.,								

0 00 3 00

0 00 3 00

0 00 3 00

0 00

Х

Χ

Х

Trustee

Trustee

Trustee

Trustee

David W Shelor

Robert D Taylor

James C Wheat III

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

compensated Employees, and inde	pendent co	illiac	LOIS	3				i I	l I	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles	ore t ss pe	han erso cer tor/t	not one n is and rust	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Alphonso V ONeal-White	3 00									
Trustee		X						0	0	0
	0 00	\vdash								
David G Wilson Jr Trustee	0 00	х						0	0	0
W Glenn Culley Jr VP for Bus AffFinance	50 00			x				173,807	0	45,291
Dennis G Stevens President	50 00			×				164,523	0	50,895
Herbert L Kıng VP Instit Advancement	50 00				х			174,781	0	51,912
	0 00 50 00									
Anita H Garland Dean of Admissions						x		147,617	0	17,642
Kenneth N Townsend Professor	50 00					х		131,066	0	21,917
	0 00 50 00	\vdash								
Charles Beeler Brush						×		128,685	0	22,234
Senior Major Gifts Officer	0 00							,		,

0 00

0 00

0 00

125,912

116,341

Χ

55,686

11,508

Saranna R Thornton

Richard P Epperson

Athletic Director

Professor

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (E) Name and Title Position (do not check Reportable Reportable Estimated

(F)

	hours per week (list any hours for related organizations below dotted line)	unless person is both an officer and a director/trustee) or director/trustee) or director unless person is both an officer and a director/trustee) from the organization (W- 2/1099- MISC) MISC) from the organization (W- 2/1099- MISC) from the organization (W- 2/1099- MISC)		Former Highest compens employee employee Officer Institutional Trust individual trustee			compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations		
Christopher B Howard	50 00		47.			ated				
Former President	0 00						X	366,076	0	106,411
Vernon Dale Jones	50 00						х	106,268	0	10,617
Former VP Admin	0.00	1								

SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-004 Open to Public Inspection

Treasury Internal Revenue Service Name of the organization Hampden Sydney College

Department of the

Part I

✓

1

2

3

Total

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 54-0505906 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check

organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is

not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement

the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

Provide the following information about the supported organization(s)

(i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

(see instructions) You must complete Part IV, Sections A and D, and Part V.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

DLN: 93493132044817

Employer identification number

54-0505906

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Hampden Sydney College

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

If the organization answered "Yes" on 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

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

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

2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ol	ther organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	e amount paid fro Irrectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990)-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
Lobbying Expe	nditures During	4-Year Avera	ging Period						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
Lobbying nontaxable amount									
Lobbying ceiling amount (150% of line 2a, column(e))									
Total lobbying expenditures									
Grassroots nontaxable amount									
Grassroots ceiling amount (150% of line 2d, column (e))									
Grassroots lobbying expenditures									
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))				

_	filed Form 5768 (election under section 501(h)).	(a)		(b)	
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No		Amoun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				1,754
j	Total Add lines 1c through 1i					1,754
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		

3	Did the d	organization agree to carry over lobbying and political expenditures from the prior year?	3		
Par	t III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(5)$,	or s	ectio	n
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par	t III-	Α,

line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

- 2
- expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year
- C
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and
- political expenditure next year?
- Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

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

Return Reference	Explanation
B, line 1i)	Hampden-Sydney College is a member of the CICV (Council of Independent Colleges in Virginia) One way that the CICV serves its members is by monitoring legislation and advocating public policy that could affect Virginia private colleges. The CICV uses its voice to advocate on behalf of its members at various government levels, such as the Virginia General Assembly and Congress. CICV has calculated that the actual percentage of membership dues (\$14,364.67) that was used for lobbying during the 15/16 membership year was 12.21%

2a

2b 2c

3

4

5

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

DLN: 93493132044817

Name of Alexander
Internal Revenue Service
Treasury
Department of the

sury rnal l	Revenue Service	Information about Schedule D	(Form 990) and its in	st ruct	ions is at <u>www.ir</u>	s.gov/f	orm990.	Ins	pecti	on
ame	of the organi den Sydney Colle						oyer identif	fication n	umber	•
art		izations Maintaining Donor					505906 Or Acco ur	nts.		
	Compic	ete ii tile organization answer	(a) Donor advised f		are iv, inic o.	(b)	Funds and o	nther acco	nunts	
	Total numbe	r at end of year	(a) Bollot davisca i	unus		(5)	r arras arra c	Jener dee	Janes	
	Aggregate v year)	alue of contributions to (during								
	Aggregate v	alue of grants from (during year)								
	Aggregate v	alue at end of year								
	_	ration inform all donors and donor a	-			nor advis	sed		es	┌ No
u	sed only for c	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?					- purpose		es	_ No
art	III Conse	rvation Easements. Comple	ete if the organizat	ion a	nswered "Yes" (on Forn	n 990, Par	t IV, line	7.	
Р	urpose(s) of c	onservation easements held by th	ne organization (check	all th	nat apply)					
	— Preservatı ducatıon)	on of land for public use (e g , recr	eation or	Г	Preservation of a	n histor	ically impor	tant land	area	
ſ	Protection	of natural habitat		Г	Preservation of a	certifie	d historic s	tructure		
ſ	Preservati	on of open space								
	•	2a through 2d if the organization ne last day of the tax year	held a qualified conse	rvatio	on contribution in	the form	of a conse	rvation		
_		6				_	Held at	the End o	fthe	Year
-		of conservation easements	nto			2a				
	_	restricted by conservation easeme servation easements on a certified		cluded	d in (a)	2b				
		servation easements on a certinet servation easements included in (` '	2c				
		ure listed in the National Register	e) acquired diter 0/17	,00,0	and not on a	2d				
N	lumber of cons	servation easements modified, tra	nsferred, released, ex	tınguı	shed, or terminate	ed by the	e organızatı	on durıng	the	
ta	ax year ▶									
N	lumber of stat	es where property subject to cons	ervation easement is	locat	ed ▶					
	9	nization have a written policy regar enforcement of the conservation (- ·	iitorin	g, inspection, han	dling of	Γ	_ Yes	┌ No	
	taff and volun ear	teer hours devoted to monitoring,	inspecting, handling o	of viol	ations, and enforc	ing cons	ervation ea	asements	during	g the
Þ	•									
	mount of expe	enses incurred in monitoring, inspi	ecting, handling of vio	lation	is, and enforcing c	onserva	tion easem	ents durn	ng the	year
		servation easement reported on li ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy	the re	equirements of sec	ction 17		_ Yes	┌ No	
b	alance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the							
rt :		izations Maintaining Collect ete if the organization answer				or Oth	er Simila	ar Asse	ts.	
W	orks of art, hi	tion elected, as permitted under Si storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for public	c exhi	bition, education,	or resea	arch in furth			c
	-	tion elected, as permitted under Sl storical treasures, or other similar	•							С

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Pari	(continued)	g Collections of	Art, Histo	rical	Treasures,	or Otl	her Similar	Asse	ts	
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other r	ecords, chec	k any	of the following t	hat are	e a significant u	se of	ıts	
а	Public exhibition		d	┌ Lo	oan or exchange	progra	ıms			
b	Scholarly research		e	Г о	ther					
c	Preservation for future generations	5								
4	Provide a description of the organization Part XIII		xplain how th	ney fur	ther the organiz	atıon's	exempt purpos	e ın		
5	During the year, did the organization so	licit or receive dona	tions of art, h	nistorio	cal treasures or	other s	sımılar			
	assets to be sold to raise funds rather t		d as part of t	he org	anızatıon's colle	ction?		es	☐ No	<u> </u>
Par	t IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		on Form 99	0, Pai	rt IV, line 9, o	r repo	rted an amou	ınt or	n Forr	n 990,
1a	Is the organization an agent, trustee, co included on Form 990, Part X?	ustodian or other int	ermediary fo	rcontr	ibutions or othe	rasset	rs not	es	┌ No	•
ь	If "Yes," explain the arrangement in	Part XIII and compl	ete the follov	vina ta	ble		Α	mount		
c	Beginning balance	·		,		1 c				
d	Additions during the year					1d				_
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	on Form 990, Part X	(, line 21, for	escro	w or custodial a	ccount	liability? y	es	┌ No	
b	If "Yes," explain the arrangement in Pa	rt XIII-Check here i	ıf the explana	ation h	as been provide	d ın Pa	rt XIII			
Pa	rt V Endowment Funds. Compl									
		(a)Current year	(b) Pnor ye	ear	b (c) Two years b	ack (d) Three years back	(e)	Four ye	ars back
1 a	Beginning of year balance	158,291,875	152,6	94,312	135,681,	072	125,721,745	5	129	9,378,730
b	Contributions	1,692,315	4,4	76,130	3,132,	469	2,149,090)	:	1,042,881
c	Net investment earnings, gains, and losses	-7,203,073	7,2	62,607	19,873,	887	13,656,753	3	;	2,371,855
d	Grants or scholarships									
e	Other expenditures for facilities and programs	6,375,850	6,1	41,174	5,993,	116	5,846,516	5		7,071,721
f	Administrative expenses									
g	End of year balance	146,405,267	158,2	91,875	152,694,	312	135,681,072	!	12!	5,721,745
2	Provide the estimated percentage of the	e current year end b	alance (line 1	Lg, col	umn (a)) held as					
а	Board designated or quasi-endowment (1 000 %								
b	Permanent endowment ► 57 000 %									
c	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2	42 000 % c should equal 100%	<i>l</i> o							
3a	Are there endowment funds not in the p	ossession of the org	anızatıon tha	t are h	neld and adminis	tered f	or the			
	organization by						Г.	>- (:)	Yes	No
	(i) unrelated organizations(ii) related organizations						<u> </u>	Ba(i) Ba(ii)		No No
ь 4	If "Yes" on 3a(II), are the related organ Describe in Part XIII the intended uses	ızatıons lısted as red	quired on Sch	nedule	R?			3b		
	t VI Land, Buildings, and Equi		3 chaowinen	- Turius						
	Complete if the organization		5 Form 990			ee Fo				
	Description of property			(a) r other estmen			Accumulated (c)depreciation		(d) Boo	k value
1 a	Land				3,	008,950				3,008,950
b	Buildings				105	416 115	46.007.6			
_	Loss abold improvements					416,115	 	-		9,188,498
	Leasehold improvements		•			198,737	9,225,1			760 338
	Equipment		•		19,	413,173	16,652,8	,33	•	2,760,338
Tota	I. Add lines 1a through 1e (Column (d) mu		art X, column	(B), III	ne 10(c))		>	+	80	5,931,406
		·					Schedul	e D (F		90) 2015

Part VII Investments—Other Securities. Comp	lete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)O ther (A) Certificate of Deposit		50,000	F
(B) Real Estate		4,500,000	F
(C) Alternative Investments		139,332,244	F
(D) Other		1,879,775	F
			F
(E) Beneficial Int in Trust		6,465,747	Г
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	152,227,766	
Complete if the organization answered 'Yo	es' on Form 9		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization a (a) Descripti		n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
(a) Description	1011		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Part X Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	zation answer	ed 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book valu	ıe	
Federal income taxes			
Tederal mediae caxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	L. L		Empresal at the second
2. Liability for uncertain tax positions In Part XIII, provide the	ne text of the fo	otnote to the organization's	rinancial statements that reports the

Schedule D (Form 990) 2015

V, line 4)

Part		v enue per Audited Financial Sta t Ization answered 'Yes' on Form 990, F		per Re	eturn
1		support per audited financial statements		1	
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) o	on investments	2a		
b	Donated services and use of fa	cilities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line 1 .			3	
1	Amounts included on Form 990), Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			4c	
;	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)	5	
Part)	Complete if the organi	penses per Audited Financial Sta Ization answered 'Yes' on Form 990, F	Part IV, line 12a.	.	Return.
		audited financial statements		1	
<u>?</u>		not on Form 990, Part IX, line 25	1 1		
a		cilities	2a	4	
b	, ,		2b	_	
C			2c	_	
d			2d	_	
e	J			2e	
				3	
	Amounts included on Form 990), Part IX, line 25, but not on line 1:	1 1		
а	· ·	ided on Form 990, Part VIII, line 7b	4a		
b			4b	_	
C				4c	
i	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Part 2	Supplemental Info	ormation			
Provid	e the descriptions required for F , line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			e any additional
	Return Reference	Explanation			
ndown	nent funds intended uses (Part	Hampden-Sydneys endowment funds are u	used to provide financial aid t	o studen	ts with a

demonstrated financial need, as well as, academic achievement. The funds also support chairs,

from financial support that the funds contribute to the annual operating budget

professorships, and other programs that support the college as a whole. The College also benefits

Schedule D (Form 990) 2015	Page 5						
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						
		_					

OMB No 1545-0047

Open to Public Inspection

SCHEDULE E (Form 990 or 990-EZ)

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

Schools

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue

erv	ice					
	e of the organiza		Employer identificati	on nur	nber	
amp	oden Sydney College	54-0505906				
Pa	rt I	<u>, </u>				
					YES	NO
1	-	nization have a racially nondiscriminatory policy toward students by statement in	its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?			1	Yes	
2	Does the organ	nization include a statement of its racially nondiscriminatory policy toward student	ts ın all ıts			
		alogues, and other written communications with the public dealing with student ad	missions,			
	programs, and	scholarships?		2	Yes	
	_	zation publicized its racially nondiscriminatory policy through newspaper or broad	_			
	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 you need more space use Part II	scribe II No,	3	Yes	
	product on praint	,		٦	163	
]		
				-		
		washing manghamatha Gillaum 22		┨		
4 2	_	nization maintain the following? ting the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ī	· Records marca	ting the racial composition of the stadent body, faculty, and administrative stan-		74	1 103	
t		nenting that scholarships and other financial assistance are awarded on a racially	nondiscriminatory			
	basis?		delice deserves	4b	Yes	
•	•	atalogues, brochures, announcements, and other written communications to the pu Imissions, programs, and scholarships?	ablic dealing	4c	Yes	
c		aterial used by the organization or on its behalf to solicit contributions?		4d	Yes	
	·					I
	If you answere	d "No" to any of the above, please explain If you need more space, use Part II				
				1		
5	Does the organ	nization discriminate by race in any way with respect to		1		
ā	Students' right	s or privileges?		5a		No
Ŀ	Admissions po	licies?		5b		No
				_		
•	: Employment of	faculty or administrative staff?		5c		No
C	Scholarships o	r other financial assistance?		5d		Νo
•	Educational po	licies?		5e		Νo
f	Use of facilitie	5?		5f		No
,	Athletic progra	ome?		5 g		No
ŀ		ricular activities? d "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
	in jou unawere	2				
]		
_				_ ا		
	_	nization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ŀ	Has the organi	zation's right to such aid ever been revoked or suspended?		6b		No
		d "Yes" to either line 6a or line 6b, explain on Part II				
7	-	nization certify that it has complied with the applicable requirements of sections 4 5-50. 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Pa	•	_	V = -	

Page 2

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

Return Reference Explanation Governmental Agency Financial Aid (Questions 6a and 6b) Schedule E, Question 6aExplanation of financial aid or assistance from a governmental agency Students at Hampden-Sydney College received federal financial aid totaling \$8.680,359 for the 2015-2016 year. This included Pell

Description of nondiscriminatory policy (Question 3)

Grants, Perkins Loans, subsidized and unsubsidized SSL, parent loans, and others Students at Hampden-Sydney College received state financial aid

totaling \$ 2,300,919 for the 2015-2016 year. Most of this aid was from TAGP

Hampden-Sydney publicizes its racially nondiscriminatory policy through new spaper media. The College wiebsite also includes a statement that Hampden-Sydney does not discriminate on the basis of race, color, sex. religion, age, national origin, handicap, sexual orientation, or veteran status in

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - D	OO NOT PROCESS	As Filed Data	<u>a - </u>		DLN:	93493132044817		
SCHEDULE F (Form 990)	_		Outside the Unite answered "Yes" to Form 4b. 15. or 16.		ates	2015		
Department of the Treasury Internal Revenue Service	Information about Schedu	► Attach to	Form 990.	ww.irs.go	ov/form990.	Open to Public Inspection		
Name of the organization Hampden Sydney College					Employer ident	tification number		
	r <mark>mation on Activitio</mark> e organization answer			14b.				
1 For grantmakers. Do and other assistance, used to award the gra	, the grantees' eligibil				_	Γ Yes Γ No		
2 For grantmakers. De assistance outside the		ganızatıon's pr	ocedures for monitori	ng the (use of its gran	ts and other		
3 Activites per Region (T	he following Part I, line 3	3 table can be du	plicated if additional spa	ace is ne	eded)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ice(s) in region	a (f) Total expenditures for and investments in region		
(1)		region	.09.01.7					
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuation to Part I								
c Totals (add lines 3a and For Paperwork Reduction Act No		for Form 990.	Cat	No 500	82W Sched	ule F (Form 990) 2015		

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015	5						Page 3
	Other Assistance to be duplicated if additional additio			ted States. Complete	if the organization a	answered "Yes" to Form 9	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Financial Aid	Europe including Iceland and Greenland	6	69,000	Student Acct			
(2) Financial Aid	East Asia and the Pacific	3	29,250	Student Acct			
(3)				'	1		
(4)				'		<u>'</u>	
(5)		+		† · · · · · · · · · · · · · · · · · · ·			
(6)		+ +		+			
(7)		+ +		 			
(8)		+ +		+			
(9)	+	+ +		+			
(10)		+ +		+			
(11)		+ +		+			
(12)		+ +		+			
(13)		+ +					

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

Additional Data

Software ID: Software Version:

EIN: 54-0505906

Name: Hampden Sydney College

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

Hampden Sydney College

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493132044817

Open to Public Inspection

Employer identification number

54-0505906

Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes
Part II Grants and Other Assist				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 53 Enter total number of other org		-					
For Paperwork Reduction Act Notice, se	e the Instructions for	· Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

for admission are automatically considered for academic scholarships

receipients citizenship or academic work does not meet the standards of the college. College-sponsored grants and scholarships are limited to 8 semesters and require full-time enrollment. Financial aid receipients must maintain minimum satisfactory academic progress. Hampden-Sydney offers efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Department of the

Treasury

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493132044817 OMB No 1545-0047

2015

Open to Public Inspection

nterr	nal Revenue Service			
	mme of the organization Employer identification	ation nur	nber	
Паі	mpden Sydney College 54-0505906			
Pa	art 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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence	ĺ	Ì	Ì
	Tax idemnification and gross-up payments Health or social club dues or initiation fees	ĺ	Ì	Ì
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		İ	Î Î
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization	on		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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 in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	9		No

9 Saranna R Thornton

Professor

125,912

(i)

(ii)

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

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Note. The sum of columns (B)(1)-(111) 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 (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in column(B) reported other deferred benefits (B)(I)-(D)(ii) (iii) Base as deferred on prior Other reportable compensation Bonus & incentive (I) compensation compensation compensation Form 990 1 Christopher B Howard 366,076 (i) 23,065 83,346 472,487 Former President (ii) 2 W Glenn Culley Jr 173,807 15,724 29,567 219.098 (i) VP for Bus AffFinance (ii) 3 Vernon Dale Jones 106,268 (i) 9,472 1,145 116,885 Former VP Admin (ii) 4 Herbert L King 174,781 16,171 35,741 226,693 (i) VP Instit Advancement (ii) 5 Dennis G StevensPresident 164,523 (i) 15,052 35,843 215,418 (ii) 6 Anıta H Garland 147,617 (i) 13,275 4,367 165,259 Dean of Admissions (ii) 7 Kenneth N Townsend 131,066 (i) 11,834 10,083 152,983 Professor (ii) 8 Charles Beeler Brush 128,685 12,151 10,083 150,919 (i) Senior Major Gifts Officer (ii)

9,447

46,239

Schedule J (Form 990) 2015

181,598

Return Reference	Explanation
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
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page 3

Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 54-0505906

Name: Hampden Sydney College

Form 990, Schedule J, I	Part :	II - Officers, Direc	tors, Trustees, Ke	ey Employees, an	d Highest Compens	sated Employees	i	
(A) Name and Title			f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Chnstopher B Howard Former President	(1)	366,076			23,065	83,346 	472,487	
1 W Glenn Culley Jr VP for Bus AffFinance	(1)	173,807			15,724	29,567	219,098	
2 Vernon Dale Jones Former VP Admin	(1)	106,268			9,472	1,145	116,885	
3 Herbert L King VP Instit Advancement	(1)	174,781			16,171	35,741	226,693	
4Dennis G StevensPresident	(1)	164,523			15,052	35,843	215,418	
5 Anita H Garland Dean of Admissions	(1)	147,617			13,275	4,367	165,259	
6 Kenneth N Townsend Professor	(1)	131,066			11,834	10,083	152,983	
7 Charles Beeler Brush Senior Major Gifts Officer	(1)	128,685			12,151	10,083	150,919	
8 Saranna R Thornton Professor	(1)	125,912			9,447	46,239	181,598	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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.

Open to Public Inspection

DLN: 93493132044817 OMB No 1545-0047

Department of the Treasury

(Form 990)

Internal Revenue Service

▶ Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	ne of the organization									Em	ployer ic	dentifica	tion nu	mber	
Har	mpden Sydney College									54	-05059	906			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	Description	of purpose	(g) De	feased	(h)	On	(i)	Pool
												1	alf of	finar	ncing
										Yes	No	Yes	uer No	Yes	No
	IDA of Town of Farmville VA	54-6001272	311617aa2	03-06-2003	6,00	0,000	Cons	structing and	renovating	1.03	X	103	X	103	X
					·		build								
В	IDA of Town of Farmville VA	54-6001272		07-15-2004	1,21	0,000	Reno Hall	ovatıng & equ	ipping Graham		X		×		Х
c	IDA of Prince Edward County	54-1245781		11-10-2005	10,00	0,000		onstruction Equipping of a brary facility			Х		Х		Х
D	VCBA Revenue Bonds Ser 2010	54-1249154	927781UB8	05-13-2010	7,19	0,000	_	nding bonds			Х		×		Х
Б.	art III Proceeds														
	art II Proceeds					Α		E	<u> </u>		С				
1	Amount of bonds retired							_	<u> </u>						
2	A mount of bonds legally defe														
3	Total proceeds of issue					6.00/			1 310 000		40.00				200.060
_	<u> </u>	<u></u>				6,000	0,000		1,210,000		10,00	000,00	/,380		380,060
4	Gross proceeds in reserve fu	nds													
5	Capitalized interest from prod	ceeds													
6	Proceeds in refunding escrow	/s												7,	238,095
7	Issuance costs from proceed	s				112	2,500		24,000		3	35,000			141,965
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds													
11	Other spent proceeds					5,887	7,500		1,186,000		9,96	55,000			
12	Other unspent proceeds														
13	Year of substantial completio				20	005		20	06		2006			2010	
					Yes	N	lo	Yes	No	Yes	I	No	Ye	5	No
14	Were the bonds issued as pai	rt of a current refund	ding issue?			×	Κ		Х			Х	Х		
15	Were the bonds issued as pai	rt of an advance refu	unding issue?			×	Κ		х			Х	Х		
16	Has the final allocation of pro	ceeds been made?			X			Х		Х			Х		
17	Does the organization mainta	ın adequate books a	and records to supp	oort the final	×			×		X			X		
<u>. </u>	<u> </u>														
Pa	rt IIII Private Business I	Use										-			
						A		E E		.,	<u> </u>			D	
_	Was the organization a partne	er in a narthership o	or a member of an I	IC which owned	Yes	N		Yes	No	Yes		No	Yes	5	No
1	-	er in a parthership, t	יי מ וווכוווטפו טו מו <i>ו</i> ב	LC, WITCH OWITED		x	<		Х			x I			X

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

Χ

Х

D

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×		X		×		×
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed								
prope									
С	Are there any research agreements that may result in private business use of bond- financed property?		×		×		×		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		X		×		×
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		×		X		×		×
Par	t IV Arbitrage								
	A			В		С		D	
	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	х		х			Х		×
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
b	Exception to rebate?								
С	No rebate due? χ		X		X			Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х		Х			Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		х			х		Х
b	Name of provider								
С	Term of hedge					1			
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
		·		<u> </u>	<u> </u>		School	ıle K (Form 9	200) 2015

Α

В

С

No

D

Yes

5a	Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		Х		×		х		Х
b	Name of provider									_
С	Term of GIC									
d		harbor for establishing the fair market ed?								
6	Were any gross proceed period?	ls invested beyond an available temporary		X	_	×		Х		X
7	Has the organization es the requirements of sec	tablished written procedures to monitor tion 148?		Х		×		х		X
Pai	t V Procedures T	o Undertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	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?									
	that violations of federa and corrected through t	l tax requirements are timely identified he voluntary closing agreement program if		Х		×		X		X
Pa	that violations of federa and corrected through t self-remediation is not	l tax requirements are timely identified he voluntary closing agreement program if	ation for resp		estions on Sc		ee Instructioi			×
Pa	that violations of federa and corrected through t self-remediation is not	l tax requirements are timely identified he voluntary closing agreement program if available under applicable regulations? tal Information. Provide additional information.	ation for resp Explanation		estions on So		ee instruction			Х

No

Yes

Revenue Bonds(F) Description of Purpose Refunding Bonds

В

No

Yes

С

No

Yes

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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.

2015 Open to Public Inspection

DLN: 93493132044817 OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Hampden Sydney College

Schedule L (Form 990 or 990-EZ)

> ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

		ransactions)(29)		zations		40b	
	of disqualified					fied person and			cription		(d) Cori	rected?
1 (4)	or anoquaminea	. pe.o	(2)	•	rganization	nea person and	· ' '	•	action	"	Yes	No
							1					
							1					
							<u> </u>					
2 Enter the ar 4958	mount of tax inc	curred by organi	ızatıon ma	nagers or dı • • •		ons during the			section ▶ \$			
3 Enter the ar	mount of tax, if	any, on line 2, a	above, reir	nbursed by t	the organizatio	n			> \$			
	,	,,	,	<u> </u>					'			
Part II Loa	ns to and/o	or From Inte	erested	Persons.								
		janization answe				line 38a, or Fo	rm 99	0, Par	t IV , lin	e 26, o	rıfthe	
orga	inization report	ed an amount o	n Form 99	U, Part X, III	ne 5, 6, or 22							
(a) Name of	(b) Relationsh	nip (c)	(d) Loan	to	(e)O riginal	(f)Balance	(g)	In	(h	`	(i)Wr	ıtten
interested persor		Purpose of	or from t		principal	due	defa		Appro		agreer	
F	organization		organizati		amount		acidalic		by boa			
									committee?			
			То	From			Yes	No	Yes	No	Yes	No
(1) Christopher B Howard	President	Split dollar Ins		Х	333,010	423,010		No	Yes		Yes	
												+
												+
												+
												-
Total		▶ \$				423,010						
		tance Benef										
Con	iplete if the o	rganization a	nswered									
(a) Name of In persor		b) Relationship iterested persor organizatio	n and the	(c) A moun	t of assistance	e (d) Type o	fassis	stance	e (e)	Purpos	e of ass	ıstance
									_			
									_			
For Paperwork Red	uction Act Notic	e, see the Instru	ctions for	Form 990 or	990-EZ. (Cat No 50056A		Sched	lule L (F	orm 990	or 990-	EZ) 201

Complete if the organization			o 202 20h or 20c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	reven	f zation's ues?
(1) Maureen Culley	Spouse of W Glenn	30.565	Compensation paid as employee	Yes	No No
(1) Madreen Curiey	CulleyOfficer	30,303	of College		NO
(2) Patricia Townsend	Spouse of Kenneth TownsendHC Emplo	36,378	Compensation paid as employee of College		No
(3) Scott Harwood	Former Trustee	363,717	HSC purchased insurance from HarwoodSon Ins		No
(4) Charles Cabell	Former Trustee	197,839	HSC does business with Williams Mullen		No
Part V Supplemental Informat	ion	•		•	•

Explanation

Supplemental Information

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)

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DLN: 93493132044817

Noncash Contributions

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Treasury Internal Revenue Service

► Attach to Form 990.

	ne of the organization	Employ	er identification	on nur	nber				
патт	pden Sydney College				54-05	05906			
P	art I Types of Property				5 1 05	0000			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de Incash contribu	termır	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
6	goods								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	145	1,053,140	FMV				
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	,								
22 23	Historical artifacts Scientific specimens								
	Archeological artifacts								
	Other ► ()								
	Other ▶ ()								
	Other ▶ ()								
	Other ► ()								
29	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions					
	for which the organization comple				29				
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ugh 28, that		Yes	No
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requi	red to	be used			
	for exempt purposes for the enti	re holding p	eriod?				30a		No
ı	• If "Yes," describe the arrangem					ļ			

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

31

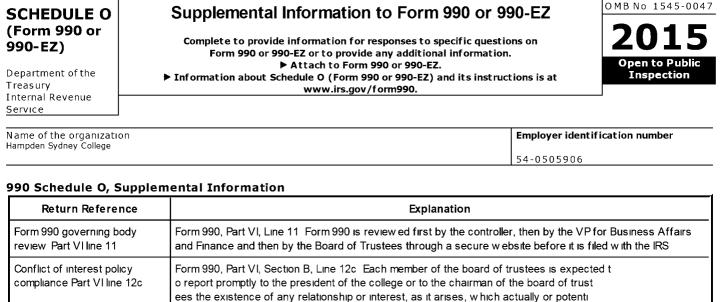
32a

Yes

Νo

Page 2

Schedule M (Form 990) (2015)



ally involves or may appear to involve a conflict of interest. In addition, each trustee will be asked to sign a statement annually reflecting his or her continuing awareness and understanding of this policy. At the same time, the individual will report either the absentage.

ce of potential conflicts or the possible areas of concern

DLN: 93493132044817

990 Schedule O, Supplemental Information

Return Reference	Explanation
CEO executive director top management comp Part VI line 15a	Form 990, Part VI, Section B, Line 15a Outside compensation consultants were hired to provide an opinion on the reasonableness of the total compensation paid to the president of Hampden-Sydney College, the study included review of the entire compensation arrangement including cash and non-cash components, taxable and nontaxable benefits. The study included a survey of peer colleges and published survey information for tax-exempt and for-profit sectors. In addition to the compensation study, the compensation for key employees is also reviewed by the board annually.
Other officer or key employee compensation Part VI	See explanation for Part VI, Line 15a

990 Schedule O, Supplemental Information

Return Reference Explanation

Governing documents etc available to public Part VI line 19 FORM 990, PART VI, SECTION B, LINE 19 Hampden-Sydney College makes available, upon request, the three most recent Forms 990 and 990-T and other documents required to be open to public inspection

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493132044817OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

54-0505906

Department of the Treasury Internal Revenue Service

Hampden Sydney College

Name of the organization

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I Name, address, and EIN (if applicable) of disregarded entity Total income Primary activity Legal domicile (state End-of-year assets Direct controlling or foreign country) entity (1) H-SC Poplar Hill LLC Real Estate VA 4,500,000 Hampden-Sydney College P O Box 127 Hampden Sydney, VA 23943 (2) H-SC Fine Arts Project LLC Real Estate VA Hampden-Sydney College P O Box 127 Hampden Sydney, VA 23943 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (13) controlled (if section 501(c)(3)) entity entity? Yes No

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	controlling i entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
											\vdash	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

chedule R (Form 990) 2015					Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)				1 b		
c Gift, grant, or capital contribution from related organization(s)				1 c		
d Loans or loan guarantees to or for related organization(s)				1 d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
Performance of services or membership or fundraising solicitations for related organization(s)				11		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		
				1q		
q Reimbursement paid by related organization(s) for expenses				-4		
${f r}$ Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1 s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	
	1					

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u>. </u>

