EXTENDED TO FEBRUARY 15, 2017 Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Form **990-EZ**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUL	1 30,	2016					
В	Check if applicab	le: C Name of organization	D Employ	er identification number					
_	Addr	ass change		2-2-222					
<u>_</u>	Nam	LONGWOOD UNIVERSITY ALUMNI ASSOCIATION		-0505600					
_	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite							
_	termi	nated 201 AIGH STREET	(43	34) 395-2033					
	Amei		F Group	Exemption					
	Applic	ation pending FARMVILLE, VA 23909	Numbe						
			H Check	► X if the organization is					
		e; ▶ <u>N/A</u>	not rec	uired to attach Schedule B					
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(Form	990, 990-EZ, or 990-PF).					
K	Form o	f organization; Corporation Trust X Association Other		7					
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,							
	colum	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		\$ 55,005.					
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ctions for	Part I)					
_		Check if the organization used Schedule 0 to respond to any question in this Part I		X					
	1	Contributions, gifts, grants, and similar amounts received		601.					
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3					
	4	Investment income SEE SCHEDULE O		18,175.					
	5a	Gross amount from sale of assets other than inventory 5a							
	l b	Less: cost or other basis and sales expenses		APP					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	c					
	6	Gaming and fundraising events							
45	a	Gross income from gaming (attach Schedule G if greater than		- 5					
Ž		\$15,000)							
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
œ	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such							
		gross income and contributions exceeds \$15,000) 66 36,22	9.	0					
	C	Less: direct expenses from gaming and fundraising events 66 48,99							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6	d -12,765.					
	7a	Gross sales of inventory, less returns and allowances 7a							
	Ь	Less; cost of goods sold	_						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	c					
	8	Other revenue (describe in Schedule 0)		В					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		6,011.					
_	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	1	0 20,000.					
	11	Benefits paid to or for members	1	1					
t/A	12	Salaries, other compensation, and employee benefits	1	2					
nses	13	Professional fees and other payments to independent contractors	ADM T	3 20,530.					
Exper	14	Occupancy, rent, utilities, and maintenance		4					
Щ	15	Printing, publications, postage, and shipping		5 446.					
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O		6 9,139.					
	17	Total expenses. Add lines 10 through 16		7 50,115.					
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		8 -44,104.					
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	axia: -						
\SS("	(must agree with end-of-year figure reported on prior year's return)	1	9 141,277.					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		0.					
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	> 2	2 4 4 5					
_	100	A STATE OF THE STA							

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 →

OMB No. 1545-1709

• If y						
	ou are filing for an Automatic 3-Month Extension, co					► X
• If y	ou are filing for an Additional (Not Automatic) 3-Mon	th Extension, c	omplete only Part II (on page 2 of	this form).		
	t complete Part II unless you have already been gra			-		
	onic filing (e-file) . You can electronically file Form 88					
	ed to file Form 990-T), or an additional (not automatic)					
of tim	e to file any of the forms listed in Part I or Part II with t	ne exception of	Form 8870, Information Return for	Γransfers Α	ssociated With C	ertain
Perso	nal Benefit Contracts, which must be sent to the IRS in	າ paper format (ສ	see instructions). For more details o	n the elect	ronic filing of this	form,
visit _M	ww.irs.gov/efile and click on e-file for Charities & None Automatic 3-Month Extension of 1		submit original (no copies ne	eded).		
A cor	poration required to file Form 990-T and requesting an		1121 1131 1131			
Part I						
	er corporations (including 1120-C filers), partnerships, income tax returns.			an extensi		umber
Туре	or Name of exempt organization or other filer, see	nstructions		1	identification nu	
print	The state of the s	11011 401101101				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
pini	LONGWOOD UNIVERSITY ALUM	NI ASSOC	PIATION		54-05056	500
File by t due date filing yo	Number, street, and room or suite no. If a P.O. b			Social se	curity number (S	
return, S	ee ZOI HIGH DIKEEL					
instructi	and the control of th	or a foreign addr	ress, see instructions.			
	FARMVILLE, VA 23909					
		4714	B			0 1
Enter	the Return code for the return that this application is f	or (file a separate	e application for each return)			I O I I I
Ammli		I n.	A P P -			Detrum
Appli	eation	Return	Application			Return
Is For	200 0: 50::: 000 57	Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
-	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
ronn	990-T (trust other than above) SHARON PAYNE	06	Form 8870			12
	books are in the care of > 201 HIGH STR					
l e	ephone No. ► (434) 395-2033		Fax No.			
• If t	ne organization does not have an office or place of bus		ited States, check this box			▶ □
If tIf t	ne organization does not have an office or place of bus nis is for a Group Return, enter the organization's four	digit Group Exe	ited States, check this box mption Number (GEN)	If this is fo	the whole group	
If toIf tobox	ne organization does not have an office or place of bus nis is for a Group Return, enter the organization's four If it is for part of the group, check this box	digit Group Exe ► and atta	ited States, check this box mption Number (GEN) ch a list with the names and EINs o	If this is fo	the whole group	
• If to box • If t	ne organization does not have an office or place of bus his is for a Group Return, enter the organization's four If it is for part of the group, check this box I request an automatic 3-month (6 months for a corpor FEBRUARY 15, 2017, to file the e	digit Group Exe ► and atta ration required to	ited States, check this box mption Number (GEN) ch a list with the names and EINs o o file Form 990-T) extension of time	If this is fo f <u>all memb</u> until	the whole group ers the extension	
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LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505600 Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II X (A) Beginning of year (B) End of year 147,022. 103,525. Cash, savings, and investments 22 22 Land and buildings 23 Other assets (describe in Schedule 0) 24 24 103,525. 147,022. 25 5,745. 26 6,352. Total liabilities (describe in Schedule 0) SEE SCHEDULE O 141,277. 27 97,173. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 SEE SCHEDULE O 29,139. (Grants \$) If this amount includes foreign grants, check here 29 (Grants \$) If this amount includes foreign grants, check here ... 29a 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) > 32 29

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) 29,139. Check if the organization used Schedule O to respond to any question in this Part IV X (b) Average hours (C) Reportable (d) Health benefits, (e) Estimated contributions to employee benefit plans, and deferred compensation compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) per week devoted to amount of other (a) Name and title compensation position DALE BAAKE DIRECTOR 0.29 0. 0. 0 . BYRON BRACEY DIRECTOR 0. 0 . 0. 0.29 CYDNEY CAVENDER 0 . DIRECTOR 0. 0 . 0.29 MATT CRAWFORD 0. 0. 0. DIRECTOR 0.29 CHRIS DAVIS 0. 0. 0 . DIRECTOR 0.29 W. HUNTER EDWARDS 0. 0. 0 . DIRECTOR 0.29 BRANDON S. FRY DIRECTOR 0. 0. 0. 0.29 JERIS BIANCHI JOHNSON 0. 0 : 0 . DIRECTOR 0.29 AMANDA RENWICK LLOYD 0 . 0 . 0 . DIRECTOR 0.29 LINDA PASCHALL NORRIS

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DIRECTOR

DIRECTOR

ROB POSTEL

MELODY CRAWLEY MARGRAVE

54-0505600 LONGWOOD UNIVERSITY ALUMNI ASSOCIATION Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) X 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Х 35a N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/Ab Gross receipts, included on line 9, for public use of club facilities N/A 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 ▶ **0** • ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any Х of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х 41 List the states with which a copy of this return is filed > VA _ Telephone no. \triangleright (434) 395-2033 42 a The organization's books are in care of SHARON PAYNE ZIP+4 ► 23909 Located at ▶ 201 HIGH STREET, FARMVILLE, VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside of the U.S.? X 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year

			Yes	No
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		х
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	-01		- 8
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

						W ₁	Ye	s No
	rganization engage, directly or indirectly, in pol							1
Part VI	Special Schedule C, Part I	andre			Managarana and Andreas		46	X
	Section 501(c)(3) organizations				L-1-1 6 15	- 50 54		
	All section 501(c)(3) organizations must a Check if the organization used Schedule							
	Check if the organization used Schedule	O to respond to any que	stion in this	Part VI				s No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501/h) election i	n effect durin	a the tay year? If	"Ves " complete	Sch C Part II	47	X
	panization a school as described in section 170						48	X
49 a Did the o	rganization make any transfers to an exempt no	on-charitable related organiz	ation?				49a	X
b If "Yes," v	vas the related organization a section 527 orga	nization?		A THE RESIDENCE AND THE PERSON OF THE PERSON			49b	T
50 Complete	this table for the organization's five highest co	ompensated employees (othe	er than officer	s, directors, trus	tees and key en	rployees) who ea	ch received	more
than \$10	0,000 of compensation from the organization. I	f there is none, enter "None."						
	(a) Name and title of each employee		(b) Average		C) Reportable pensation (Forms	(d) Health benefits contributions to	(-/	
		****	per week dev	OLEGICO W	Pensation (Forms 1-2/1099-MISC)	employee benefit	amount comper	
	NON	E	positio	<u> </u>		compensation	Compe	
						File.		
						74"	-	
					Tio.		-	
				0				
				The state of				
					-0			- 33
				W .				
d Total nur	nber of other independent contractors each rec	eiving over \$100,000			>			
	rganization complete Schedule A? Note: All se				2.55			
complete	d Schedule A					mvnence:	X Yes [No
Under penaltie	s of perjury, I declare that I have examined this	return, including accompan	ying schedule	s and statement	s, and to the be	st of my knowled	ge and belie	ef, it is
true, correct, a	nd complete. Declaration of preparer (other tha	in officer) is based on all info	rmation of w	hich preparer ha	s any knowledg	e		
0.	Signature of officer					Date		
Sign Here	RYAN CATHERWOOD, EX	ECUTIVE DIREC	TOR					
	Type or print name and title	31						
	Print/Type preparer's name	Preparer's signature	2017.02	Date	Check [] if PTIN		
Paid		Smul E. Johnson	-05'00'	.07 13:44:59	self- emplo	2010/00	00106	
Preparer	SAMUEL JOHNSON		-03 00		Was as an		00196	9
Use Only	Firm's name CHERRY BEKAE		701			► 56-05 434-84		3
	Firm's address ► 828 MAIN ST LYNCHBURG,		LIUI		Phone no	#34-04	/ - U O 4.	
May the IDC 4	scuss this return with the preparer shown above					N	X Yes	No
may use in a ui	souss and return with the higherst shown 400	ver occursuludunts	*************				Form 990-E	
								1-2.0

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505600 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 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 (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iiI) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (ii) Name of supported (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) No Yes

Total

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Schedule A (Form 990 or 990-EZ) 2015 LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				- 3.54		
	membership fees received. (Do not						
	include any "unusual grants.")	2,525.	225.	25.	475.	601.	3,851.
2	Tax revenues levied for the organ-						
	ization'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	196,540.	202,620.	236,135.	207,458.	225,762.	1068515.
4	Total. Add lines 1 through 3	199,065.	202,845.	236,160.	207,933.	226,363.	1072366.
	The portion of total contributions				A STATE		
	by each person (other than a		5				
	governmental unit or publicly				1000		
	supported organization) included				- SE 10		
	on line 1 that exceeds 2% of the	FO 5-5 .					
	amount shown on line 11,		E 5-111-11		AN ASP		
	column (f)		200	- A			
6	Public support. Subtract line 5 from line 4.						1072366.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	199,065.	202,845.	236,160.	207,933.	226,363.	1072366.
	Gross income from interest,		- 46	41-9			
	dividends, payments received on						
	securities loans, rents, royalties		47.0	1			
	and income from similar sources	20,022.	19,550.	14,630.	23,451.	18,175.	95,828.
9	Net income from unrelated business		700				
	activities, whether or not the	-01					
	business is regularly carried on		7				
10	Other income. Do not include gain	100	1				
	or loss from the sale of capital	46. 47					
	assets (Explain in Part VI.)			6,025.			6,025.
11	Total support. Add lines 7 through 10	47 60					1174219.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and sto	p here					>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2015 (14	91.33 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14	***************************************	***************************************	15	89.00 %
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			an and a succession of the suc	× X
k	33 1/3% support test - 2014. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization	601400000000000000000000000000000000000	
Ŀ	10% -facts-and-circumstances test	: - 2014. If the org	janization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	·
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	check this box a	nd see instructions	1 Walking 1

Schedule A (Form 990 or 990-EZ) 2015 LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505600 Page 3

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.)

Sec	ction A. Public Support						
Cale	ndar year (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	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-					Lat.	
	iness under section 513						
	111111111111111111111111111111111111111						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					- 4	
	or expended on its behalf						
5	The value of services or facilities				70.00		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			10	70		
7a	Amounts included on lines 1, 2, and			7.0			\.
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other then disqualified persons that exceed the greater of \$5,000 or 1% of the			70. 30			
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		12/2/	15/		1.5/	
	Gross income from interest,	4	7				
	dividends, payments received on	- AP					
	securities loans, rents, royalties and income from similar sources	100					
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses	40.70.4					
	acquired after June 30, 1975	100					
	Add lines 10s and 10b						
11	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,	140					
	whether or not the business is	J					
12	regularly carried on Other income. Do not include gain						*
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			V			
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
800	check this box and stop here	- C D			***************************************		P
	ction C. Computation of Publi					fT	
	Public support percentage for 2015 (I			olumn (f))		15	%
	Public support percentage from 2014					16	%
_	ction D. Computation of Inves					Descri	
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from	•	1010			18	%
19a	33 1/3% support tests - 2015. If the						. —
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2014. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organization	ons
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- 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.
- 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 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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 organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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	edule A (Form 990 or 990-EZ) 2015 LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-05 of IV Supporting Organizations (continued)	0560	0 Pa	ige 5
	Supporting Organizations (continued)		V	
44	Use the examination accented a gift as early built from any of the full control of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			in.
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?	44-		- Inch
h		11a 11b		
	A family member of a person described in (a) above?	11c		
Sec	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.	TIC		
	tion of Type I dapperting Organizations		Vac	Nie
1	Did the directors trustees or membership of one or more currented exeminations have the negree to		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to		15. 8	500
	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	100		
	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	. 1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
1	Wara a majority of the arganization's divertors of trustees during the tay year along a majority of the divertors		165	IVO
3	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 control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	don 5.7 iii 1990 iii oupporting organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Çir.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			,51
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's		7. 3	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete fine 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uational		
2	Activities Test. Answer (a) and (b) below.	ucuons).	Yes	No
a			163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1 5	-21
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.000		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b				
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	5 E	N	
	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.		,11	110
a		v. [.]		
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	The state of the s			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
-	art vi tro two blaves by the organization in this regard.			$\overline{}$

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			54-0505600 Page 6
1				- L
	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing of the containing organizations.		·	structions. All
Sect	ion A - Adjusted Net Income	Impiete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7	.40	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		MILE AND IN	W responding
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	40.40	
С	Fair market value of other non-exempt-use assets	1c	70.	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	- 43		
	factors (explain in detail in Part VI):	Left.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	A 54, 55	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		1-112132	
	emergency temporary reduction (see instructions)	6		-10
7	Check here if the current year is the organization's first as a non-functional instructions).	lly-integrated	d Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2015

Par	dule A (Form 990 or 990-EZ) 2015 LONGWOOD UNIV Type III Non-Functionally Integrated 509			4-0505600 Page
Secti	on D - Distributions		(continueur	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on 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		G. 20	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	Married Williams		
а				
b			الاستشارات النوارة	
С		O STATE OF S		
	From 2013			
	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-97	Applied to 2015 distributable amount	A Wind To I I	ALIAS TO COMPANY	
ī	Carryover from 2010 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	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 3j			
•	and 4c.		WENT SERVICE	
8	Breakdown of line 7:	TO THE RESIDENCE		
а	DISCUMSTRIAL OF HIS 1.5			
b				
	Excess from 2013			
	Excess from 2014			
u	Excess from 2015			

Schedule A	(Form 990 or 990-EZ) 2015 LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505600 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section B, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

532211 09-02-15

LONGWOOD UNIVERSITY ALUMNI ASSOCIATION

Employer identification number 54-0505600

LONGWOOD UNIVERSITY ALOMNI ASSO	CIAITON 1 34	-0303000
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
ROYALTIES		18,175.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCA	TIONS:	
ACTIVITY CLASSIFICATION: INTERFUND GRANT	45)	P
GRANTEE NAME: LONGWOOD UNIVERSITY		
GRANTEE ADDRESS: 201 HIGH STREET FARMVILLE, VA	23909	
AMOUNT GIVEN:		20,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
SUPPLIES - OFFICE & OPERATING		7,699.
CREDIT CARD FEES		782.
RECRUITING	\$1	108.
DONOR CULTIVATION		550.
TOTAL TO FORM 990-EZ, LINE 16		9,139.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	5,745.	6,352.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE =	THE PURPOSE OF	THE
ASSOCIATION SHALL BE TO PROMOTE THE INTEREST OF	LONGWOOD UNIVE	RSITY AND
TO MAINTAIN AMONG ITS GRADUATES AND FORMER STUD	ENTS A SPIRIT O	ਸ

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

(Form 990 or 990-EZ) Department of the Treasury

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

LONGWOOD UNIVERSITY ALUMNI ASSOCIATION

Employer identification number 54-0505600

FELLOWSHIP, SERVICES, AND LOYALTY. THE ASSOCIATION IS ORGANIZED
EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING, FOR
SUCH PURPOSES AS THE MAKING OF DISTRIBUTIONS TO LONGWOOD UNIVERSITY
FOUNDATION THAT QUALIFIES AS AN EXEMPT ORGANIZATION UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954 (OR THE CORRESPONDING
PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW).
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE THREE LARGEST PROGRAMS THAT ACCOMPLISH OUR PURPOSE ARE
OUR REGIONAL EVENTS PROGRAM, OUR CLASS AND AFFINITY GROUP
REUNION PROGRAM, AND OUR PRINT, ELECTRONIC, AND
COMMUNICATION AND ENGAGEMENT PROGRAM. IN ALL THREE OF THESE PROGRAMS
WE STRIVE TO ENGAGE ALUMNI SO THEY WILL GIVE OF THEIR TIME, TALENTS,
AND FINANCIAL RESOURCES IN THE SUPPORT OF LONGWOOD UNIVERSITY AND ITS
STUDENTS.
FORM 990-EZ, PART IV, COMPENSATION STATEMENT:
PERSON NAME: NANCY SHELTON
COMPENSATION EXPLANATION: NANCY SHELTON, THE SECRETARY/TREASURER OF
LONGWOOD ALUMNI ASSOCIATION THROUGH CALENDAR YEAR 2014, WORKED 40 HOURS A
WEEK AND WAS PAID \$78,915 BY A RELATED ORGANIZATION, LONGWOOD UNIVERSITY.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 **Open to Public**

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number LONGWOOD UNIVERSITY ALUMNI ASSOCIATION 54-0505600 OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

LONGWOOD UNIVERSITY ALUMNI ASSOCIATION

Employer identification number 54-0505600

LONGWOOD UNIVERSITY A	LUMNI ASSOCIA	TION	54-05056	00
Part IV List of Officers, Directors, Trustees, and Key Er		T	-	
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AMANDA ROBINSON MULHOLLAND				
DIRECTOR	0.29	0.	0.	0.
DANTE RICCI				
DIRECTOR	0.50	0.	0.	0 .
ROHSAAN SETTLE				
DIRECTOR	0.29	0.	0 .	0 .
REBECCA SNYDER SHELTON				
DIRECTOR	0.29	0.	0 +	0.
CAITLIN ZOETIS		7		
DIRECTOR	0.29	0.	0.	0.
KENDALL L. LEE		-	Dis.	
PRESIDENT	0.50	0.	0 •	0 .
TAMMY BIRD JONES		The sale		ni.
VICE-PRESIDENT	0.50	0.	0.	0.
RYAN CATHERWOOD		100		
EXECUTIVE SECRETARY/TREASU	20.00	0.	0.	0.
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