

D Employer identification number	
54-1919810	
E Telephone number	
(540) 338-1776	
F Accounting method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶




I	Group Exemption Number ➤
M	Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Form **990** (2006)

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule)  (cash \$ 2,004,278 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,004,278		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) 	25a	934,709	455,834	342,270
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	3,495,763	2,689,893	447,490
27	Pension plan contributions not included on lines 25a, b and c	27	109,341	87,473	21,868
28	Employee benefits not included on lines 25a - 27	28	329,414	264,321	65,093
29	Payroll taxes	29	301,531	241,225	60,306
30	Professional fundraising fees	30			
31	Accounting fees	31	18,164	16,348	1,816
32	Legal fees	32	3,676	2,112	235
33	Supplies	33	57,121	49,524	3,664
34	Telephone	34	108,201	86,198	3
35	Postage and shipping	35	100,174	47,570	4,011
36	Occupancy	36	1,551,513	1,435,767	115,746
37	Equipment rental and maintenance	37	36,570	34,595	1,975
38	Printing and publications	38	95,793	42,961	4,459
39	Travel	39	100,721	63,998	5,467
40	Conferences, conventions, and meetings	40			
41	Interest	41	13,936	13,936	
42	Depreciation, depletion, etc. (attach schedule) 	42	400,960	360,864	40,096
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	11,657,900	9,724,564	1,202,337

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☒ **Yes** ☐ **No**





If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____, **(ii)** the amount allocated to Program services \$ _____, **(iii)** the amount allocated to Management and general \$ _____, and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<div>What is the organization's primary exempt purpose? ▶ THE COLLEGE PROVIDES EDUCATIONAL SERVICES, WHICH MAY INVOLVE DEGREE AND NON-DEGREE PROGRAMS AT THE UNDERGRADUATE LEVEL, AS WELL AS RESEARCH, SCHOLARSHIP, SERVICE TO THE LOCAL, REGIONAL, AND NATIONAL COMMUNITIES, AND OTHER ACTIVITIES CUSTOMARILY ENGAGED IN BY PRIVATE, RELIGIOUS COLLEGES, ALL FOR THE PURPOSE OF BRINGING HONOR AND GLORY TO THE LORD JESUS CHRIST. THE COLLEGE IS AND SHALL REMAIN IN PERPETUITY, IN ALL ASPECTS OF ITS OPERATION, AN EXPLICITLY CHRISTIAN RELIGIOUS MINISTRY.</div> <div>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</div>	<div>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</div>
<div>a THE COLLEGE HAS BEEN GRANTED ACCREDITED STATUS FROM THE TRANSNATIONAL ASSOCIATION OF CHRISTIAN COLLEGES (TRACS)</div> <div>(Grants and allocations \$ 2,004,278) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></div>	9,724,564
<div>b THE COLLEGE HAS BEEN AWARDED THE AUTHORITY TO GRANT DEGREES BY THE STATE COUNCIL OF HIGHER EDUCATION OF VIRGINIA (SCHEV)</div> <div>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></div>	
<div>c TOTAL FULL TIME STUDENT POPULATION 329 (310 ON CAMPUS, 19 CAMPUS AND HOME PROGRAM)</div> <div>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></div>	
<div>d TOTAL STUDENTS WHO HAVE GRADUATED 190</div> <div>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></div>	
<div>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></div>	
<div>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶</div>	9,724,564

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing		580	45	536	
	46	Savings and temporary cash investments		3,148,222	46	7,517,608	
	47a	Accounts receivable	47a	965,285			
	b	Less allowance for doubtful accounts	47b	86,000	1,018,245	47c	879,285
	48a	Pledges receivable	48a	2,452,004			
	b	Less allowance for doubtful accounts	48b		7,163,364	48c	2,452,004
	49	Grants receivable			49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use		42,495	52	39,066	
	53	Prepaid expenses and deferred charges		132,730	53	124,281	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a	Investments—land, buildings, and equipment basis	55a					
b	Less accumulated depreciation (attach schedule)	55b		55c			
56	Investments—other (attach schedule)		3,087,000	56	 3,212,000		
57a	Land, buildings, and equipment basis	57a	16,609,887				
b	Less accumulated depreciation (attach schedule)	57b	2,170,932	11,018,898	57c	 14,438,955	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)		184,885	58	 167,579		
59	Total assets (must equal line 74) Add lines 45 through 58		25,796,419	59	28,831,314		
Liabilities	60	Accounts payable and accrued expenses		551,628	60	1,706,251	
	61	Grants payable			61		
	62	Deferred revenue		317,719	62	301,277	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)		100,000	64b	65,415	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)		241,110	65	 134,493	
	66	Total liabilities Add lines 60 through 65		1,210,457	66	2,207,436	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		16,396,235	67	19,575,600	
	68	Temporarily restricted		8,189,727	68	7,048,278	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		24,585,962	73	26,623,878	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		25,796,419	74	28,831,314	

a	Total revenue, gains, and other support per audited financial statements		a	11,589,795	
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			173,494
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) <u>\$0</u>	b4			-101,743
	Add lines b1 through b4		b	71,751	
c	Subtract line b from line a		c	11,518,044	
d	Amounts included on Part I, line 12, but not on line a				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) <u>\$0</u>	d2			2,004,278
	Add lines d1 and d2		d	71,751	
e	Total revenue (Part I, line 12) Add lines c and d		e	13,522,322	

a	Total expenses and losses per audited financial statements		a	9,533,547
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <u>§5</u>	b4		
	Add lines b1 through b4		b	-81,033
c	Subtract line b from line a		c	9,614,580
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) <u>§5</u>	d2		
	Add lines d1 and d2		d	2,043,320
e	Total expenses (Part I, line 17) Add lines c and d		e	11,657,900

[illegible]

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	13			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	Yes		
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes		
b	If "Yes," enter the name of the organization ➤ <u>See Additional Data Table</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>				
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

Yes

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

Yes

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed AK,AZ,CO,DC,KY,ME,MD,MN,MS,NH,NY,OR,SC,VA,WA,WI

b

Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90b

186

91a

The books are in care of PATRICK HENRY COLLEGE Telephone no (540) 338-1776

ONE PATRICK HENRY CIRCLE

Located at PURCELLVILLE, VA ZIP + 4 201323198

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION AND FEES					4,971,396
b ROOM AND BOARD					1,333,342
c SUMMER CAMPS					310,735
d room deposit refunds					3,519
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	141,311	
96 Dividends and interest from securities			14	175,959	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	89,845	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,867	
101 Net income or (loss) from special events . . .			01	29,882	
102 Gross profit or (loss) from sales of inventory					57,053
103 Other revenue a See Additional Data Table					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . .				435,130	6,799,755
105 Total (add line 104, columns (B), (D), and (E))					7,234,885

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	THESE ACTIVITIES ENABLE THE COLLEGE TO ENGAGE IN THE PROVISION OF EDUCATIONAL SERVICES, AS WELL AS RESEARCH, SCHOLARSHIP, AND SERVICE TO THE LOCAL, REGIONAL, AND NATIONAL COMMUNITIES, AND OTHER ACTIVITIES ENGAGED IN BY PRIVATE, RELIGIOUS COLLEGES
103A	FEES CHARGED FOR SERVICES PROVIDED TO PHC LLC

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
PHC FREEDOM EXPANSION LLC ONE PATRICK HENRY CIRCLE PURCELLVILLE, VA20132 38-3648255	7500 00 %	REAL ESTATE OWNERSHIP	0	0
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				352,000

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				175,959

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
			No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.





Signature of officer

2007-11-12

Date

N DARYL WOLKING CFO

Type or print name and title

Paid Preparer's Use Only	Preparer's signature  Steve Spitzer	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  YOUNT HYDE & BARBOUR PC			EIN 
	PO BOX 2560 WINCHESTER, VA 226041760			Phone no  (540) 662-3417

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
PATRICK HENRY COLLEGE

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Employer identification number

54-1919810

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFF BURTNER ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	DIRECTOR OF IT 40 00	94,997	10,641	0
David Halbrook ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	Director of Communic 40 00	90,679	13,037	0
Steven Hake ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	Professor 40 00	87,604	17,613	0
RAYMOND BOUCHOC ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	CHAPLAIN & PROF 40 00	91,537	17,951	0
Gary Mason ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	Dean of Enrollment 40 00	85,625	15,743	0
Total number of other employees paid over \$50,000 ▶	26			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Group BENEFIT SERVICES INC PO BOX 37216 BALTIMORE,MD 212973216	BENEFITS ADMINISTRATOR	120,009
DANIEL COOK ASSOCIATES 2909 WASHINGTON BOULEVARD OGDEN,UT 84401		
	ARCHITECT	88,213
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BON APPETIT C/O BANK OF AMERICA ILLINOIS 91337 COLLECTIONS DR CHICAGO,IL 606931337	FOOD SERVICE	964,774
FB Concrete LLC PO Box 4288 Manassas,VA 20108		
Scott-Long Construction Inc 2115 HARDEN BLVD LAKELAND,FL 33802	Construction	688,702
LB Mason Son Inc 341 A North Maple Ave Purcellville,VA 20132		
UNICCO 4002 SOLUTIONS CENTER CHICAGO,IL 60677	construction	410,529
	MAINTENANCE SERVICE	248,210
Total number of other contractors receiving over \$50,000 for other services ▶	5	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎			
a	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 📎	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6

☒

A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12

☐

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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	
d Add Amounts from column (e) for lines 18 19 22 26b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) (2004) (2003) (2002)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
		29	Yes	
		30	Yes	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
		30	Yes	
		31	Yes	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) THIS INFORMATION IS IN THE COLLEGE CATALOG, ADMISSIONS PACKAGES, AND ON THE COLLEGE'S WEB SITE			
		31	Yes	
		32a	Yes	
32	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		32a	Yes	
		32b	Yes	
		32c	Yes	
		32d	Yes	
33	Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		33a		No
		33b		No
		33c		No
		33d		No
		33e		No
		33f		No
		33g		No
		33h		No
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		No
		34b		No
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

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 instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
(i) Cash		No
(ii) Other assets		No
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		No
(ii) Purchases of assets from a noncharitable exempt organization		No
(iii) Rental of facilities, equipment, or other assets	Yes	
(iv) Reimbursement arrangements		No
(v) Loans or loan guarantees		No
(vi) Performance of services or membership or fundraising solicitations		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	Yes	

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible][illegible]

TY 2006 Cash Grants Paid Schedule**Name:** PATRICK HENRY COLLEGE**EIN:** 54-1919810

Class of Activity	Recipient's name	Address	Amount	Relationship
VARIOUS EDUCATIONAL SCHOLARSHIPS	VARIOUS	VARIOUS VARIOUS, VA 20132	1,933,047	none
TUITION REMISSION	VARIOUS	VARIOUS VARIOUS, VA 20132	71,231	EMPLOYEES' CHILDREN

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation

Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
MICHAEL P FARRIS	HOME SCHOOL LEGAL DEFENSE ASSOCIATION	54-1719605	COMMON DIRECTOR	144,739	22,423		

TY 2006 Depreciation and Depletion Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Asset	Amount
SEE ATTACHED	360,864
SEE ATTACHED	40,096

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Gross Sales Price: 2,627,333

Basis: 2,629,200

Sales Expenses: 0

Total (net): -1,867

TY 2006 Investments - Other Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Description	Book Value	Cost/FMV
INVESTMENT IN PHC FREEDOM EXPANSION LLC	3,212,000	C

TY 2006 Land etc. Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY AND EQUIPMENT	16,609,887	2,170,932	14,438,955

TY 2006 Officer Compensation Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

MICHAEL P FARRIS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	183,335	25,403	
Mgmt & General			
Fundraising			

GRAHAM WALKER

	Compensation	EE Benefit Plans	Expense Acct
Program Services	50,413	2,738	
Mgmt & General	147,284	7,998	
Fundraising			

BLAKE HUDSON

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising	123,401	13,204	

EARL HALL

	Compensation	EE Benefit Plans	Expense Acct
Program Services	26,906	4,876	
Mgmt & General	78,608	14,246	
Fundraising			

GENE E VEITH

	Compensation	EE Benefit Plans	Expense Acct
Program Services	121,000	8,942	
Mgmt & General			
Fundraising			

DARYL WOLKING

	Compensation	EE Benefit Plans	Expense Acct
Program Services	28,000	4,221	
Mgmt & General	81,802	12,332	
Fundraising			

TY 2006 Other Assets Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Description	Beginning of Year Amount	End of Year Amount
EARLY AMERICAN IMPRINTS	97,500	97,500
DEPOSITS	87,385	70,079

TY 2006 Other Changes in Net Assets Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Description	Amount
Unrealized gain on investments	173,494

TY 2006 Other Expenses Included Schedule**Name:** PATRICK HENRY COLLEGE**EIN:** 54-1919810

Description	Amount
ELIMINATING ENTRY LLC AND PHC FOUNDATION ACTIVITY	-215,324
COST OF GOODS SOLD	121,568
GOLF TOURNAMENT EXPENSES	12,723

TY 2006 Other Expenses Not Included Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Description	Amount
SCHOLARSHIPS	2,004,278
Minority Interest Adjustment	39,042

TY 2006 Other Liabilities Schedule

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE PAYABLE	241,110	134,493

TY 2006 Other Revenues Included Schedule**Name:** PATRICK HENRY COLLEGE**EIN:** 54-1919810

Description	Amount
ELIMINATING ENTRY LLC AND PHC FOUNDATION ACTIVITY	-236,034
COST OF GOODS SOLD	121,568
GOLF TOURNAMENT EXPENSES	12,723

TY 2006 Other Revenues
Not Included Schedule

Name: PATRICK HENRY COLLEGE
EIN: 54-1919810

Description	Amount
SCHOLARSHIPS	2,004,278

TY 2006 Special Events Schedule**Name:** PATRICK HENRY COLLEGE**EIN:** 54-1919810

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOLF TOURNAMENT	42,605	0	42,605	12,723	29,882

TY 2006 Scholarship Award Statement

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Statement: PATRICK HENRY COLLEGE OFFERS MERIT AND NEED-BASED AWARDS. MERIT-BASED AWARDS ARE AWARDED BASED ON SAT SCORES AND FACULTY REVIEW OF THE STUDENT'S ACADEMIC PREPARATION. NEED BASED AWARDS ARE AWARDED BASED ON DEMONSTRATION OF FINANCIAL NEED PER COMPLETION OF THE COLLEGE BOARD'S PROFILE REPORT WHICH DOCUMENTS INCOME, ASSETS, AND LIABILITIES.

TY 2006 Self Dealing Statement

Name: PATRICK HENRY COLLEGE

EIN: 54-1919810

Line Number	Explanation
2a	PATRICK HENRY COLLEGE LEASES DORM SPACE FROM PHC FREEDOM EXPANSION, LLC.

Line Number	Explanation
2c	EMPLOYEES OF THE COLLEGE AND THEIR FAMILIES ARE GRANTED TUITION FROM THE COLLEGE AS A BENEFIT.

Line Number	Explanation
2d	THE COLLEGE AUTHORIZES REIMBURSEMENT OF WORK-RELATED EXPENSES TO ITS EMPLOYEES.

Additional Data

Software ID:

Software Version:

EIN: 54-1919810

Name: PATRICK HENRY COLLEGE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING	43a	104,173	35,165	3,513	65,495
b EDUCATION AND TRAINING	43b	25,691	23,240	750	1,701
c FOOD SERVICE	43c	818,933	818,933		
d STUDENT EXPENSES	43d	176,339	173,625	2,714	
e LIBRARY SUPPLIES	43e	26,787	26,787		
f TECH HARDWARE FAX COPIERS	43f	294,322	294,228	8	86
g COPYING	43g	4,349	3,959	390	
h SMALL EQUIPMENT	43h	18,862	17,352	314	1,196
i DUES SUBSCRIPTIONS ACCREDITATION	43i	144,938	141,911	864	2,163
j BOOKS AND PUBLICATIONS	43j	13,639	7,596	188	5,855
k BOARD EXPENSES	43k	16,266	10,154	6,112	
l PROFESSIONAL FEES AND CONTRACT LABOR	43l	28,564	23,740	1,985	2,839
m TAXES	43m	1,350	1,215	135	
n HONORARIUMS AND CONTRIBUTIONS	43n	6,600	6,295	305	
o SUMMER CAMP EXPENSES	43o	122,751	122,751		
p INTERVIEW AND RELOCATION	43p	59,907	58,609	103	1,195
q CREDIT CARD FEES	43q	57,094	52,910	4,184	
r MEMORIAL EXPENSES	43r	3,507	2,000	1,507	
s Web Design	43s	53,336	5,334	48,002	
t Gift in Kind	43t	18,627	1,863	16,764	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL P FARRIS ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	CHANCELLOR 40 00	183,335	25,403	0
GRAHAM WALKER ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	PRESIDENT 40 00	197,697	10,736	0
BLAKE HUDSON ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	VP FOR ADVANCEMENT 40 00	123,401	13,204	0
GENE E VEITH ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	PROVOST 40 00	121,000	8,942	0
EARL HALL ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	VP FOR CAMPUS ADMINISTRATION 40 00	105,514	19,122	0
DARYL WOLKING ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	CHIEF FINANCIAL OFFICER 40 00	109,802	16,553	0
JACK WHAYE ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	CHAIRMAN OF THE BOARD 1 00	0	0	0
GEORGE W CLAY ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	VICE CHAIRMAN OF THE BOARD 1 00	0	0	0
J VICTOR THOMPSON ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE - TREASURER 1 00	0	0	0
JANET ASHCROFT ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE - SECRETARY 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RAMON ARDIZZONE ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
PAUL DE PREE ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
KENNETH L CONNOR ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
BARBARA S HODEL ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
JAMES R LEININGER ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
RUSSELL B PULLIAM ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
WINFRED S TEMPLETON ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0
JOHN E URBAN ONE PATRICK HENRY CIRCLE PURCELLVILLE,VA 20132	TRUSTEE 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
HOME SCHOOL LEGAL DEFENSE ASSOCIATION	X	
HOME SCHOOL FOUNDATION	X	
PHC FREEDOM EXPANSION LLC		X
PHC FOUNDATION	X	

Form 990, Part VII, Line 103 - Other revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a DINING HALL REVENUE			03		29,401
b VENDING MACHINE REVENUE			03		3,550
c PARKING REVENUE			03		9,935
d DRAMA TICKET REVENUE			03		9,654
e OTHER			03		15,825
f MANAGEMENT FEE			03		50,000
g technology fee			03		5,345