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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A Fo	rthe	2008 ca	alendar yea	r, or tax year beginning C Name of organization	ng 07-01-2008	and ending 06-30-20	09	D Employer ide	ntification number			
		pplicable	Please	Centre College								
Address change			use IRS label or	Doing Business As	61-0444671 E Telephone number							
☐ Nar		_	print or type. See					(859) 238-5				
Init	al retu	rn	Specific Instruc-	,		not delivered to street add	ress) Room/suite	G Gross receipt				
Ten	mınatıd	on	tions.	600 West Walnut Street	t				- +,			
☐ Am	ended	return		City or town, state or of Danville, KY 40422130		4	•	1				
☐ App	lication	pending		Daliville, KT 40422130	, ,							
			F Nan	ne and address of Prir	ncıpal Officer		H(a) Is th	s a group return	 for			
				n A Roush est Walnut Street			affilia		┌ Yes 🔽 No			
				e,KY 404221309			H(b) Are al	l affiliates include	d?			
I Tax	k-exen	npt status	501(c))(3) ◀ (insert no)	4947(a)(1) or \int	527			See instructions)			
J W	eb sit	e: 🕨 ww	w centre ed	u			H(c) Grou	ip Exemption Nur	mber ►			
K Type	e of org	ganızatıon	Corporat	ion trust association	other ►		L Year of Fo	rmation 1819 M	State of legal domicile KY			
Pai	rt I	Sum	mary									
	1			e organization's missi	on or most sıg	nıfıcant actıvıtıes						
3			_		•	I to study in the liberal	arts as a mea	ns to develop the	ıntellectual,			
Governance		persona	ai, and mora	al potential of its stud	ents							
ē	2	Checki	this box [ıf the organization dis	continued its o	pperations or disposed	of more than 2	5% of its assets				
Ŝ	3		,			VI, line 1a)			41			
	4		_	_		ng body (Part VI, line 1			41			
Ees	5			nployees (Part V, line	_				1,283			
Activities &	6	Total n	umber of vo	olunteers (estimate if i	necessary) .			6 _	41			
æ	7a	Total g	ross unrela	ted business revenue	from Part VIII	, line 12, column (C)		7a _	-25,256			
	b	Net unr	elated busi	ness taxable income	from Form 990	-T, line 34		7b	0			
					Prie	or Year	Current Year					
а.	8	Contri	butions and	d grants (Part VIII, lır	ne 1h)		-	13,379,347	9,444,593			
Revenue	9	-		revenue (Part VIII, lii			42,977,493	46,030,200				
35	10			ne (Part VIII, column			5,410,034	1,297,117				
_	11		revenue (P	401,907	246,724							
	12	12)	revenue—a	dd illies o tillough 11	(must equal F	art VIII, column (A), lı	ile	62,168,781	57,018,634			
	13	Grants	and simila	ar amounts paid (Part	IX, column (A)	, lines 1–3)		13,835,231	14,936,109			
	14	Benefi	ts paid to c	or for members (Part I	X, column (A),	line 4)		0	0			
SQ.	15	Saları 10)	es, other co	ompensation, employe	5-	20,340,833	22,677,262					
Expenses	16a		sional fund	raising fees (Part IX,	column (A), lin		0					
÷.	ь			penses, Part IX, column (D				0				
Ш	17	•	_	(Part IX, column (A), l				26,322,466	26,214,450			
	18					, , X, line 25, column (A))		60,498,530	63,827,821			
	19			penses Subtract line :	-			1,670,251	-6,809,187			
ষ্ঠ							Beginn	ing of Year	End of Year			
S S S	20	Total	assets (Par	rt X, line 16)				352,045,266	302,957,886			
Net Assets or Fund Balances	21	Totall	liabilities (F	Part X, line 26)				96,181,600	96,549,642			
新聞 発養	22		·	d balances Subtract	lıne 21 from lır	ne 20		255,863,666	206,408,244			
	t II	Sian	ature Blo	ock					· · ·			
Plea Sign Here	se	Under p and belo ****	enalties of pe lef, it is true, i *** ature of office	erjury, I declare that I have correct, and complete Dec		turn, including accompanyir er (other than officer) is ba:	sed on all informa	tion of which prepare				
			e or print nam									
		Preparer				Check If self-	Preparer's PTIN (See Gen Inst)				
Paid		signature	e 🏴				empolyed 🕨 🦵	•				
Prepa			ame (or yours	Crowe Horwath LLP	EIN Þ							
Use (nly		nployed), and ZIP + 4	9600 Brownsboro Roa	ad Suite 400							
				Louisville, KY 40241	1122			Phone no 🕨 (50	02) 326-3996			
Mav t	he IR	S discus	s this retu	rn with the preparer sl		See instructions) .			▼Yes 「No			

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

	briefly describe the orga	nization's mission			
e Ad	ditional Data Table				
	Did the organization u the prior Form 990 or		ogram services during the yea	r which were not listed on	∕es ✓ No
	If "Yes," describe thes	se new services on Schedul	e O		
		ease conducting or make s	ignificant changes in how it co	nducts any program	Yes ✓ No
	If "Yes," describe the	se changes on Schedule O			
	Section 501(c)(3) and	d (4) organizations and 494		e largest program services by exp report the amount of grants and a red	
	(Code) (Expenses \$ 51	.,641,667 including grants of \$	14,936,109) (Revenue \$	46,276,924)
	Founded in 1819, the sol students	e mission of Centre, a nationally	rated co-ed private liberal arts collego	e, is to provide post-secondary undergrad	luate education to its
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program serve	ces (Describe in Schedule	0)		
	(Expenses \$		grants of \$) (Revenue \$)
	·			(, Line 25, column (B).	•

art IV	Checkli	st of	Required	Schedules
	CIICCRII	3. 0.	ncuun cu	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part VI

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 25	L		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	ı		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		103	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country UK , FR			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		

8

Section A. Governing Body and Management

b Enter the number of voting members that are independent . .

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

41

2

3

4

5

6

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe the circumst	ances,
1a	Enter the number of voting members of the governing body	1a		4

1b

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any
	other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person?	
Did the organization make any significant changes to its organizational documents since the prior Form 990	was

	filed?
5	Did the organization become aware during the year of a material diversion of the organization's assets?
6	Does the organization have members or stockholders?

D	oes the organizati	on	hav	e me	mbe	rs	orst	ock	hold	ers	?																6
D	oes the organizati	on	hav	e me	mbe	rs,	stoc	kho	lder	s, o	rot	her	per	sons	s wh	no m	пау	elec	tor	e or	· mo	re i	mem	ber	s of	the	
а	overnina bodv? .																						_				7a

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meetings held or written actions undertaken during the	
year by the following	
the governing hody?	

Ь	each committee with authority to act on behalf of the governing body?	•	•	•				
9a	Does the organization have local chapters, branches, or affiliates? .							

b	If "Yes," does the organization have written policies and procedures governing the activities of such	ıch	apt	ters	٠,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .	•		•	•

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed KY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE JAMISON 600 WEST WALNUT STREET

DANVILLE, KY 404221309

(859) 238-5455

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(tion that a			ıll			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
							-			
	+		1		$\vdash \vdash$		\vdash			
										
1b Total							▶	1,148,960	0	172,813

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(c)
Name and business address	Description of services	Compensation
Arco National Construction Co Inc 1750 South Brentwood Blvd ST LOUIS, MO 63144	General Contractor	8,860,263
Sodexho Inc Affiliates PO Box 70060 CHICAGO, IL 60673	Food Service	2,491,909
Hastings Chivetta Inc 700 Corporate Dr ST LOUIS, MO 63105	Architect	1,320,097
McCoy Construction Co Inc 101 Thoroughbred Dr DANVILLE, KY 40422	Contractor	483,224
Ikon 231 Peachtree St ATLANTA, GA 30374	Copy & Print Center	291,181
2 Total number of independent contractors (including those in 1) who receive from the organization		15

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a				
mate and a	ь	Membership dues					
g Z	С	Fundraising events	1b				
કોં #ફેલ્ડે	يد ا		1c				
2 E	d e		1d 1e 324,070				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and		 			
e e	•	sımılar amounts not ıncluded above	1f				
	g	Noncash contributions included					
ပွန္	h	Innes 1a-1f \$ 718,45 Total (Add lines 1a-1f)		9,444,593			
		Total (Add lines 14-11)	<u> </u>				
<u>e</u>	2a	Comprehensive Fee	Business Code	44 122 475	44 122 475		
en E	b	Auxiliary Services		44,122,475 1,806,008			
28	c	VARIOUS STUDENT ASSESSMENTS	_	101,717			
M 50	d	William Stability Colonial Colonia Colonial Colonial Colo		101,717	101,717		
Ř	e						
Program Serwce Revenue	f	All other program service reven	ue				
ጅ	g	Total. Add lines 2a-2f					
	3	► \$ 46,030,200	widanda interest				
	3	Investment income (including dother similar amounts)		2,505,178		-25,256	2,530,434
		Income from investment of tax-exemp	▶	921,488			921,488
	4	income from investment or tax-exemp	bond proceeds	·			921,400
	5	Royalties	1,,,	0			
	6a	(ı) Real Gross Rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss) .					
			(II) O ther				
	7a	Gross amount from sales of assets other than inventory (i) Securities 10,675,63	· · ·				
	b	Less cost or 12,763,36 other basis and sales expenses	0 101,828				
	c d	Gain or (loss) -2,087,72	1 -41,828	-2,129,549			-2,129,549
			. •	_,,			_,,
	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000					
ther	С	Less direct expenses Net income or (loss) from fundra		О			
J	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
	ь	Less direct expenses	. b				
	с	Net income or (loss) from gamin	g activities	0			
	10a	Gross sales of inventory, less returns and allowances .	a				
	b c	Less cost of goods sold Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a	FITNESS CENTER		94,363			
	Ь	ASSOC COLLEGE OF THE SOUTH		89,610	89,610		
	С	MISCELLANEOUS		62,751	62,751		
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g	\$ 246,724	57,018,634	46,276,924	-25,256	1,322,373
		8c, 9c, 10c, and 11e		, = , = ,	,,		,,

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re	anizations mu equired to com	ust complete plete columns	all columns. (B), (C), and (D)	
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,493,309	14,493,309		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	442,800	442,800		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,107,736	258,683	686,304	162,749
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	16,779,052	12,798,294		1,205,695
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,531,392	1,109,134	293,159	129,099
9	Other employee benefits	2,029,395	1,549,798	298,405	181,192
10	Payroll taxes	1,229,687	917,204	218,384	94,099
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	32,946		32,946	
c	Accounting	79,342		79,342	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,073,782		1,073,782	
g	Other	2,491,909	2,491,909		
12	Advertising and promotion	0			
13	Office expenses	522,063	384,202	26,750	111,111
14	Information technology	270,082	140,565	81,848	47,669
15	Royalties	0			
16	Occupancy	2,265,667	1,025,471	826,797	413,399
17	Travel	850,342	756,874	40,684	52,784
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	29,226	2,196	27,030	
20	Interest	2,890,685	2,890,685		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,192,703	3,954,622	238,081	
23	Insurance	342,386		342,386	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS	3,004,683	1,852,947	616,932	534,804
ь	FOREIGN STUDY PROGRAMS	1,523,315	1,523,315		·
c	NORTON ARTS CENTER PROGRAM	1,522,366	1,522,366		
d	EXPENSE PROJECT COST	1,278,887		1,278,887	
e	LIBRARY OPERATIONS	1,022,753	1,022,753		
f	All other expenses	2,821,313	2,504,540	210,997	105,776
25	Total functional expenses. Add lines 1 through 24f	63,827,821	51,641,667	9,147,777	3,038,377
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		·		·

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			37,104		2	69,184
	2	Savings and temporary cash investments			43,078,405	2	4	6,222,659
	3	Pledges and grants receivable, net	43,752,334	3	2	3,817,787		
	4	Accounts receivable, net	357,916	4		449,847		
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	nd	6				
	7	Notes and loans receivable, net	1,179,007	7		1,266,418		
	8	Inventories for sale or use	184,715	8		196,320		
Assets	9	Prepaid expenses and deferred charges			1,718,998	9		1,497,747
	10a	Land, buildings, and equipment cost basis	10a	130,467,	881			
	ь	Laca pagumulated denrequetion Complete Part I/I of	IUa	130,407,				
	"	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	50,350,	750 68,486,835	10c	8	0,117,131
	11	Investments—publicly traded securities			96,089,661	11	6	6,820,126
	12	Investments—other securities See Part IV, line 11 <i>Complete F Schedule D</i>	71,104,194	12	6	1,037,350		
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	26,056,097	15	2	1,463,317		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			352,045,266	16	30	2,957,886
	17	Accounts payable and accrued expenses .	6,277,338	17		7,069,195		
	18	Grants payable		18				
	19	Deferred revenue	-388,432	19		0		
	20	Tax-exempt bond liabilities			86,590,000	20	8	5,935,704
e S	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .			23		
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	3,702,694	25		3,544,743		
	26	Total liabilities. Add lines 17 through 25			96,181,600	26	9	6,549,642
		Organizations that follow SFAS 117, check here ► ✓ and comthrough 29, and lines 33 and 34.	plete l	ines 27				
ani	27	Unrestricted net assets			117,324,991	27	7	4,656,935
Balance	28	Temporarily restricted net assets			11,120,197	28		4,745,120
둳	29	Permanently restricted net assets			127,418,478	29	12	7,006,189
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.	nd con	nplete				
s or	30	Capital stock or trust principal, or current funds		30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
AS	32	Retained earnings, endowment, accumulated income, or other f		32				
Ŋĕţ	33	Total net assets or fund balances	255,863,666	33	20	6,408,244		
z —	34	Total liabilities and net assets/fund balances			352,045,266	34	30	2,957,886
Pa	rt XI	Financial Statements and Reporting					Ver	Ne
							Yes	No

Part XI	Financial	Statements	and	Reporting
---------	-----------	------------	-----	-----------

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Centre College

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

									-0444671			
	rt I			harity Status (to be co	•				Instruct	ions)		
The	organız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1		A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	✓	A school de	escribed in Sect	i ion 170(b)(1)(A)(ii). (Attad	h Schedu	le E)						
3	Г	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zation operated in conjunction	on with a h	nospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in Se	ct ion 170	(b)(1)(A)	(v).			
7	Γ	An organiza	n organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gr	oss
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesse	\$
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3).Check
		_		type of supporting organization Type II c					_	Гтуре	0	.
_	_						nally Integ		d	, ,,		
е	,	other than	foundation man	rtify that the organization is agers and other than one or			•				•	
_		section 50		d	th - IDC		- T T	T II -	. T III			
f		check this		d a written determination fro	m the 1KS	inat it is	a Type I,	Type II o	r Type III	Supportin	ig organ	
g				as the organization accepted	d any gift o	or contrib	utıon from	any of the	!			,
		following pe	ersons?									
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	No
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(ii)	Νο
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	oove?				11g(iii)	Νο
h		Provide the	following inforr	nation about the organizatio	ns the org	anızatıon	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s tha	(v) Did v	ou notify	(vi) I	s the	(vii) A	mount of
		orted	(11) 2111	(described on lines 1-9	organiz			nızatıon	1	ation in	1	port?
	Organ	nization		`above or IRC section		ısted ın		i) of your	col (i) o		•	'
				(See Instructions))	your go	verning	supp	ort?	ın the	US?		
					docur					ı	1	
					Yes	No	Yes	No	Yes	No		
				i l			1	1	1	ı	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization Centre College

			61-04446/1	
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9			nplete if the
		(a) Donor advised funds	(b) Funds and other a	ccounts
1 -	Total number at end of year			
2 /	Aggregate Contributions to (during year)			
3 /	Aggregate Grants from (durıng year)			
4 /	Aggregate value at end of year			
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_		Yes
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		·	Yes
Part	Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line	2 7.
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitated Preservation of open space	tion or pleasure) Preservation of ar Preservation of ce	ertified historic structure	
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	n of a conservation easemen	
а	Total number of conservation easements		2a	na or the real
b				
	Total acreage restricted by conservation easemen		2b	
C	Number of conservation easements on a certified h	nistoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminate	ed by the organization during	1
	the taxable year ►			
1	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy regardine enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, viol		Yes
5	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	: year ►	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear 🟲 \$	
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec		Yes
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia		
art	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Asse	ts.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public s	
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i		
	(i) Revenues included in Form 990, Part VIII, line	1	> \$	
	(ii) Assets included in Form 990, Part X		► \$	238,609
_	If the organization received or held works of art, his following amounts required to be reported under SFA		or financial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$	
b	Assets included in Form 990, Part X		▶ \$	

Par	Organizations Maintaining C	ollections of Art,	His	<u>tori</u>	cal Treas	sures, or Otl	<u>ner Sim</u>	<u>illar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and oth items (check all that apply)	er records, check any o	of th	e foll	owing that	are a sıgnıfıcan	t use of it	ts collection	ו	
а	Public exhibition		d	\sqcap	Loan or ex	change progra	ns			
ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's of Part XIV	collections and explain	how	v they	further the	e organızatıon's	exempt p	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						ımılar	Г	Yes	√ No
Pa	Trust, Escrow and Custodial Part IV, line 9, or reported an a					ganızatıon anı	swered '	"Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermed	ary	for c	ontribution	s or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comp	lete the following table								
								A mou	ınt	
С	Beginning balance					1	=			
d	Additions during the year					1	d l			
е	Distributions during the year					1	2			
f	Ending balance					1	f			
2a	Did the organization include an amount on I	Form 990, Part X, line 2	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI									
Pa	rt V Endowment Funds. Complete				d "Yes" to	o Form 990, F	art IV, I	line 10.		
1a	Beginning of year balance	(a)Current Year 191,326,054	(b)) Prior	Year (c)	Two Years Back	(d) Three Ye	ears Back (e)Four Ye	ears Back
ь	Contributions	21,115,643								
c	Investment earnings or losses	-40,948,151								
d	Grants or scholarships	3,691,335								
e	Other expenditures for facilities	6,190,120								
_	and programs									
f	Administrative expenses	1,036,160								
g	End of year balance	160,575,931								
2	Provide the estimated percentage of the ye	ar end balance held as								
а	Board designated or quasi-endowment 🕨	33 31 %								
b	Permanent endowment 🕨 66 69 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ession of the organizati	on t	hat a	re held and	d administered f	or the			
	organization by (i) unrelated organizations							. 3a(i)	Yes	No No
	(ii) related organizations		•	•				. 3a(ii)		No
ь	If "Yes" to 3a(II), are the related organizati			 ched	ule R?			. 3b		
4	Describe in Part XIV the intended uses of t	•								
Pa	t VI Investments—Land, Building	s, and Equipment	t. S	ee F	orm 990,	Part X, line 1).			
	Description of investment				Cost or other (investment		er (c) De	epreciation	(d) Boo	ok value
1a	Land					5,511,1	72		!	5,511,172
b	Buildings					89,303,3	94	50,350,750	38	8,952,644
С	Leasehold improvements									
d	Equipment									
е	Other					35,624,2	03		3!	5,624,203

(a) Description of security or cateory			d of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other PRIVATE EQUITY SECURITIES	33,303,077		F
Other ALTERNATIVE EQUITY STRATEGIES	27,734,273		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	61,037,350		
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
(a) Description of investment type			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
Insurance receivable			354,197
Other			4,780
FUNDS HELD IN TRUST BY OTHERS			21,104,340
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	<u>.</u>	21 162 217
Part X Other Liabilities. See Form 990, Part X			21,463,317
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Annuity payment & life income obligations	1,159,724		
Advances from federal govt for student loans	718,878		
Fair value adjustment in interest rate swaps	1,666,141		
Total (Column (h) chould agree Form 000, 0-4 V1 (0) (35)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,544,743		

201	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	57,018,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,827,821
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,809,187
4	Net unrealized gains (losses) on investments	4	-42,843,359
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	197,124
9	Total adjustments (net) Add lines 4 - 8	9	-42,646,235
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-49,455,422
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-1,691,787
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-42,646,235
3	Subtract line 2e from line 1	3	40,954,448
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,073,782		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	16,064,186
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	57,018,634
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	47,763,635
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	47,763,635
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,073,782		
b	Other (Describe in Part XIV)	_	
c	Add lines 4a and 4b	4c	16,064,186
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	63,827,821
Pai	TEXIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, $Part\ V\ ,\ line\ 4\ ,\ Part\ XI\ ,\ line\ 8\ ,\ Part\ XII\ ,\ lines\ 2d\ and\ 4b\ ,\ and\ Part\ XIII\ ,\ lines\ 2d\ and\ 4b\ ,$

Ident if ier	Return Reference	Explanation
Collections of Art - Description of Collections	Schedule D, Part III, Line 4	A mix of painting, glass, and sculpture, the art collection exists primarily to help fulfill the liberal arts education mission of the College Many, but not all, pieces are displayed throughout campus for viewing by the campus community and visitors
Description of intended uses of endowment funds	Schedule D, Part V, Line 4	Centre's endowment is used exclusively to partially fund the mission of the College, including, but not limited to, student scholarship, operations, and debt retirement
Other Changes in Net Assets	Schedule D, Part XI, Line 8	Adjustment for actuarial liability for annuity obligations - \$197,124
Other revenue included on books but not on return	Schedule D, Part XII, Line 2d	Adjustment for actuarial liability for annuity obligations - \$197,124
Other revenue included on return but not on books	Schedule D, Part XII, Line 4a	Financial aid and scholarships - \$14,990,404
Other expenses included on return but not on books	Schedule D, Part XIII, Line 4a	Financial aid and scholarships - \$14,990,404

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ. To be completed by organizations that

Schools

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Internal Revenue Service Name of the organization **Employer identification number** Centre College

	61-0444671			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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,"		100	
	please explain	3	Yes	
	In addition to the Equal Opportunity Employer notice that appears with all of Centre's employment ads, the College has an official nondiscrimination statement that is reprinted in major publications such as our introduction-to-the-College brochure, the admission viewbook, and the catalog. The statement also appears on the College's Web site			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νο
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		Νo
6a	Does the organization receive any financial aid or assistance from a governmental agency?	- - 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
-	If you answered "Yes" to either 6a or b, please explain using an attached statement			
,	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 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493133001440

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
Cen	tre College					61-044467	1
P	General Infor "Yes" to Form 9			de the United States	s. Complete		
1				ecords to substantiate	the amount	of the grant	s or
	-	_		assistance, and the se		_	
	the grants or assistan	ce					✓ Yes
2	For grant makers. Descri United States	be in Part IV the	organization's pi	ocedures for monitoring tl	ne use of gra	nt funds outsıd	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) If ad	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
	ope (Including Iceland and enland)			Program Services	Scholarship		56,600
	itral America and the			Program Services	Scholarship	s	55,500
Nor	th America			Program Services	Scholarship	s	19,200
Eas	t Asıa and the Pacıfic			Program Services	Scholarship	s	295,500
Sou	th America			Program Services	Scholarship	S	16,000
	itral America and the			Program Services	Investment	S	
	ope (Including Iceland and enland)		1	Program Services	Semester S	tudy Abroad	729,63!
	tral America and the ibbean		1	Program Services	Semester S	tudy Abroad	257,156

Totals .

1,429,591

a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance (b) Region (c) Number of recipients (d) A mount of cash disbursement (e) Manner of cash cash assistance (f) A mount of non-cash cash assistance (g) Description of non-cash disbursement (a) Type of grant or assistance	n (h) Method of valuation (book, FMV, appraisal, other)
	applaisal, other)
Scholarship Europe/Iceland/Greenland 3 56,600 Credit	
Scholarship North America 1 19,200 Credit	
Scholarship Cent 2 55,500 Credit A merica/Caribbean	
Scholarship East Asia/Pacific 15 295,500 Credit	
Scholarship South America 1 16,000 Credit	

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

DLN: 93493133001440

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

Centre College						61-0444671	
Does the organization mathe selection criteria use	aintain records to s	nts or assistance?	t of the grants or assista		jibility for the grants or as		√ Yes
Form 990, Part Part IV and Sch	her Assistance IV, line 21 for ai edule I-1 if addi	e to Governments ny recipient that reci tional space is	and Organizations erved more than \$5,0	in the United Sta	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					• • • • • • • • •		
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Institutional Scholarships	1114	15,116,460	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds		All student scholarships, grants, or other assistance are monitored throughout the award, acceptance, and application processes. Appropriate records are maintained and documented

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DLN: 93493133001440

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Centre College 61-0444671

Pa	rt I Questions Regarding Compensat	ion				
					Yes	Νo
1a			ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	▼ First class or charter travel	<u> - </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> -</u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Execut			2	Yes	
3	Indicate which, if any, of the following the organize organization's CEO/Executive Director Check al		·			
	Compensation committee	<u> </u>				
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 99	0, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of contro	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppler	mental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VI: subject to the initial contract exception described in Part III		·	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
John E Cuny	(I)	119,370 0	14,569 0	21,922 0	16,319 0	7,332 0	179,512 0	0 0
John A Roush	(1) (11)	221,975 0	33,636 0	355 0	22,727 0	15,231 0	293,924 0	0 0
Richard W Trollinger	(I) (II)	139,084 0	14,694 0	2,741 0	16,333 0	6,807 0	179,659 0	0
Stephanie L Fabritius	(ı) (ıı)	118,325 0	13,520 0	15,275 0	15,035 0	12,828 0	174,983 0	0 0
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
First-class or charter travel	Schedule J, Part I, Line 1a	The President and VP Development used a charter plane one time during year for short business trip due to unavailability of commercial flight. Not considered to be a taxable event
Travel for Companions	Schedule J, Part I, Line 1a	At times, spouses are expected to accompany interested persons on business trips. Any amounts deemed to be personal in nature are treated as taxable compensation
Housing allowances or residence for personal use	Schedule J, Part I, Line 1a	John Roush, President, and Stephanie Fabritius, Dean, are required to reside in on-campus housing per their employment agreement Exempt under IRC 119
Health or social club dues or initiation fees	l '	The College has purchased a membership in the local country club in the President's name to gain access to the facilities for occasional business purposes. The Use is 100% business and not considered to be taxable compensation

DLN: 93493133001440

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization Centre College

Part III

1

2

Employer identification number

61-0444671

Bond Issues (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No \$31,189,611 was used to refund a County of Boyle Kentucky 61-6000756 123456789 08-30-2007 44,535,000 Χ Χ \$8,036,320 was used to refund the County of Boyle Kentucky 61-6000756 123456789 04-24-2008 42,655,000 Χ Х **Proceeds** (Optional for 2008) C Ε В D Α Total Proceeds of Issue Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 No Yes Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds?

Yes

No

which may result in private business use?

which owned property financed by tax-exempt bonds?

Private Business Use (Optional for 2008)

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

Are there any lease arrangements with respect to the financed property

Yes

В

No

C

No

Yes

Ε

No

Yes

D

No

Yes

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493133001440

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization Centre College

Employer identification number

61 0444671

To be completed by organizati									c) Corr	
1 (a) Name of disqualifie	ed person	erson (b) Description		on of transaction			_ <u> </u>	Yes	No	
2 Enter the amount of tax imposed on section 4958	=					nder F	\$			
3 Enter the amount of tax, If any, on I	ne 2, above, reimburs	ed by the organization .				•	\$			
Part II Loans to and/or Fron	ı Interested Pers	ons								
To be completed by organiz	ations that answered "	Yes" on Form 990, Part	IV, lı	ne 26, or Fo	orm 9	90-E			38a	
	(b) Loan to or				(e)	In	(f		(a)W	rıtten
(a) Name of interested person and	from the organization?	(c)O riginal principal amount	(d)B	alance due	1 ' '				agree	
purpose	<u> </u>	amount					comm			1
	To From				Yes	No	Yes	No	Yes	No
otal	<u> </u>	> \$						l	<u> </u>	
Part III Grants or Assistance I To be completed by orga	Benefitting Intere	sted Persons	990, F	Part IV, lın	ie 27					
(a) Name of interested person	(b)Relationshi	p between interested po I the organization					nt or ty	pe of a	ıssısta	nce
SEE Schedule O		<u>-</u>								
Part IV Business Transactions To be completed by orga			ם חם	Dart IV lin	م 28 ما	a 28	h or	286		
To be completed by orga	(b) Relationshi)	arciv, iii	16 20	a, 20	, oi .	-	e) Sha	rına of
(-) N	between interest	·	f	(-I) D				اه	rganız	
(a) Name of interested person	person and the	e transaction		(d) Descr	iption	ortra	ansacti	on ∟	reven	
	organization								Yes	No
								-+		

DLN: 93493133001440

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number

	e College				51-0444671			
Pa	rt I Types of Property				01 0444071			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property			710.456				
	Securities—Publicly traded . Securities—Closely held stock .	X	4	/18,456	FMV on date of gift			
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29			0
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at						· '	
	least three years from the date of			not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	 	No
32a	Does the organization hire or us contributions?		-	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	property for which Column (a	ı) ıs			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization Centre College

Employer identification number

6<u>1-0444671</u>

ldentifier	Return Reference	Explanation
Organizations that may receive deductible contributions		These questions do not apply to the organization and therefore w ere intentionally left blank

ldentifier	Return Reference	Explanation
Organizations Maintaining Donor Advised Funds	, ,	The organization does not maintain donor advised funds, therefore, these questions were intentionally left blank

ldentifier	Return Reference	Explanation
Review of Form 990 by Governing Body	Form 990, Part VI, Section A, Line 10	A draft of the form 990 and supplemental schedules is prepared by the controller and independent accounting firm. Prior to filing, a copy is provided to the College executive officers and the Board's audit committee before filing for review. A board summary report was presented on May 7, 2010 to the audit committee. The final form 990 and supplemental schedules was provided electronically to the board of trustees prior to filing with the IRS.

ldentifier	Return Reference	Explanation
Organization's process for enforcing compliance with Conflict of Interest	Form 990, Part VI, Section B, Line 12c	All trustees and officers are surveyed annually, via an extensive questionnaire, to disclose a variety of relationships with each other or directly with the College. This survey is reviewed and maintained by College counsel, and reviewed by both the VP Finance and the Controller. Those found to have a potential conflict, or the appearance of such, do not participate in final related business discussions or votes.

ldentifier	Return Reference	Explanation
Process used to establish compensation for top management official	Form 990, Part VI, Section B, Line 15a	The Compensation Committee, comprised of the Board Chairman, Board Vice Chairman, and Finance Committee Chair, determines an appropriate compensation contract for the President. An important tool used in their decision process is a comparability study conducted by an appointed board committee. The committees recommendation, supported by the comparability study and other discussion points, is presented to the Boards Executive Committee for detailed review and approval. The contract is subsequently presented to the full Board for ratification. Written documentation of contract discussions, approvals, attendance, and action taken are maintained on campus by a non-board member. This process is completed on an annual basis.

Identifier Return Reference		Explanation
Disclosure of Governing Documents, Conflict of Interest Policy, Etc	Form 990, Part VI, Section C, Line 19	Audited financial statements are available on our website. Currently the conflict of interest policy and governing documents are not required to be made available by the IRS.

ldentifier	Return Reference	Explanation
Grants or Assistance benefitting interested persons	Form 990, Schedule L, Part III	(A) (B) (C) Type of Assistance - Merit Pursuant to IRS FAQS Issued in November 2009 for Schedule L, Grants or assistance provided to interested persons or their family members for travel, study, or other similar purposes are reported in Part III Recognizing privacy issues, the type of reporting required in Part III for colleges and universities is limited. The school is not required to identify individuals to whom it provided such assistance. Instead, these organizations must group each type of financial assistance (E.G., needbase, merit, discounted tuition, etc.) Therefore, columns (A) and (B) were intentionally left blank.

Software ID: **Software Version:**

> **EIN:** 61-0444671 Name: Centre College

Form 990, Part VII - Section Aaa											
		Posit t	(C non (d hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Anıta Britton , Trustee	10	0 X		0	0						
Barb Emler , Trustee	10	Х						0	0	0	
Bıff Campbell , Trustee	10	Х						0	0	0	
Craig Johnson , Trustee	1 0	Х						0	0	0	
Crit Luallen , Trustee	10	Х						0	0	0	
Daryll Martın , Trustee	10	Х						0	0	0	
Elaine McReynolds , Partial Year Trustee	1 0	x						0	0	0	
Eddy Roberts , Trustee	1 0	Х						0	0	0	
Elizabeth Kennan , Trustee	1 0	Х						0	0	0	
George Privett , Trustee	1 0	Х						0	0	0	
G Watts Humphrey , Trustee	10	Х						0	0	0	
J David Grissom , Trustee	1 0	Х						0	0	0	
James A Smith , Trustee	10	Х						0	0	0	
James C Seabury , Trustee	10	Х						0	0	0	
James D Rouse , Secretary	1 0	Х						0	0	0	
James H Evans , Trustee	10	Х						0	0	0	
James H Ratcliffe , Trustee	1 0	Х						0	0	0	
James L Rogers , Trustee	10	Х						0	0	0	
Joanne Duncan , Trustee	1 0	Х						0	0	0	
John H Newman , Trustee	1 0	Х						0	0	0	
John R Barton , Trustee	10	Х						0	0	0	
Joseph Patterson , Trustee	10	Х						0	0	0	
Ken Mardick , Trustee	10	Х						0	0	0	
Kevın Taylor , Trustee	10	Х						0	0	0	
Lıllıan H Press , Trustee	10	X						0	0	0	
Margaret A Stroup , Trustee	10	Х						0	0	0	
Mark E Nunnelly , Trustee	1 0	Х						0	0	0	
Mary H Griffith , Trustee	10	Х						0	0	0	
Nelson Rodes , Trustee	10	Х						0	0	0	
Paul Chellgren , Trustee	10	×						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add											
		Posit	(C tion (hat a	chec		I				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Peggy Patterson , Trustee	1 0	Х						0	0	0	
Pierce Lively , Trustee	1 0	X						0	0	0	
Randal B Kell , Vice Board Chair	1 0	Х		Х				0	0	0	
Robert Brockman , Board Chairman	1 0	Х		Х				0	0	0	
Robert Elliott , Trustee	1 0	Х						0	0	0	
Sheila Burks , Trustee	1 0	Х						0	0	0	
Thomas Meeker , Trustee	1 0	Х						0	0	0	
William S Bowmer , Trustee	1 0	Х						0	0	0	
Louis Prichard , Partial Year Trustee	1 0	Х						0	0	0	
Greg Caudıll , Trustee	1 0	Х						0	0	0	
Jane Stevenson , Trustee	1 0	Х						0	0	0	
John E Cuny , VP Finance, Treasurer	50 0			Х				155,861	0	23,651	
John A Roush , President	50 0			Х				255,966	0	37,958	
Richard W Trollinger , VP Development	50 0			Х				156,519	0	23,140	
Stephanie L Fabritius , VP Academic, Dean	50 0			х				147,120	0	27,863	
J Carey Thompson , VP Admissions	50 0			Х				117,588	0	17,263	
WRandy Hays , VP Student Life	50 0			Х				90,454	0	10,233	
Mılton M Reigelman , Professor	50 0					Х		122,266	0	14,994	
James P Leahey , Counsel	50 0					Х		103,186	0	17,711	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Centre College is a small, independent, and selective educational community dedicated to study in the liberal arts as a means to develop the intellectual, personal, and moral potential of its students. Centre nurtures in its students the ability to think logically and critically, to work creatively, to analyze and compare values, and to write and speak with clarity and grace. It acquaints students with the range of accomplishments of the human mind and spirit in a variety of arts and theoretical disciplines. It enables students to choose and fulfill significant responsibilities in society. In short, Centre's highest priority is to prepare its students for lives of learning, leadership, and service.

Software ID:

Software Version:

EIN: 61-0444671

Name: Centre College

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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