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Return of Organization Exempt From Income Tax

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Part I Summary: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, I Tax-exempt status, J Websites, K Type of organization, L Year of formation, M State of legal domicile

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22 detailing mission, revenue, expenses, and assets.

Part II Signature Block

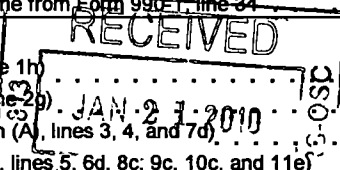
Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Michael Maas, Date: Jan. 12, 2010

Paid Preparer's Use Only: Preparer's signature: Jane Mayrinsky CPA, Date: 12/21/09, Preparer's identifying number: 22-2027092, Firm's name: WITHUMSMITH+BROWN, P.C.

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED JAN 25 2010



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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,411,466. including grants of \$ 102,900.) (Revenue \$ 1,829,046.)

THE PROGRAM PROVIDES UNDERGRADUATE STUDENTS WITH AN OPPORTUNITY IN ROME TO STUDY ANCIENT HISTORY, ARCHAEOLOGY, GREEK AND LATIN LITERATURE, ITALIAN LANGUAGE AND ANCIENT ART. THERE ARE TWO SEMESTERS OF STUDY OFFERED ANNUALLY AND EACH SEMESTER ALLOWS ABOUT FIFTEEN WEEKS OF INSTRUCTION AND PROVIDES ONE FULL SEMESTER OF ACADEMIC CREDIT. THE PROGRAM IS AFFILIATED WITH DUKE UNIVERSITY AND DUKE PROVIDES AN OFFICIAL TRANSCRIPT OF WORK COMPLETED SATISFACTORILY. DURING THE CURRENT FISCAL YEAR THERE WERE APPROXIMATELY 37 STUDENTS THAT PARTICIPATED IN THE PROGRAM IN ROME.

4b (Code:) (Expenses \$ 907,650. including grants of \$ 84,162.) (Revenue \$ 743,138.)

THE PROGRAM PROVIDES UNDERGRADUATE STUDENTS WITH AN OPPORTUNITY IN CATANIA, SICILY TO STUDY ANCIENT HISTORY, ARCHAEOLOGY, GREEK AND LATIN LITERATURE, ITALIAN LANGUAGE AND ANCIENT ART. THERE ARE TWO SEMESTERS OF STUDY OFFERED ANNUALLY AND EACH SEMESTER ALLOWS ABOUT FIFTEEN WEEKS OF INSTRUCTION AND PROVIDES ONE FULL SEMESTER OF ACADEMIC CREDIT. THE PROGRAM IS AFFILIATED WITH DUKE UNIVERSITY AND DUKE PROVIDES AN OFFICIAL TRANSCRIPT OF WORK COMPLETED SATISFACTORILY. DURING THE CURRENT FISCAL YEAR THERE WERE APPROXIMATELY 18 STUDENTS THAT PARTICIPATED IN THE PROGRAM IN SICILY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 2 (Expenses \$ including grants of \$) (Revenue \$ 67,340.)

4e Total program service expenses ▶ \$ 2,319,116. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
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	X	
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		X
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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
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		X
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part 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	NONE
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	NONE
b	If at least one is reported on line 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. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ ITALY 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 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	X
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).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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.		
a	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:		
a	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	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1a	6		
b	Enter the number of voting members that are independent		
1b	6		
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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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:		
a	The organization's CEO, Executive Director, or top management official?		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		X
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 SEE STATEMENT 3
18	Section 6104 requires an organization to make its Forms 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY AUGUSTA DUKE STUDY ABROAD, 114 SO. BUCHANAN BLVD DURHAM, NC 27708 919-668-3481

Part VIII Statement of Revenue

83-0406747

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	63,431.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	63,431.				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	2,293,111.	2,293,111.			
	b	EARLY ARRIVAL AND GUEST FEES	279,073.	279,073.			
	c	CONSORTIUM MEMBERSHIP FEES	67,340.	67,340.			
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	2,639,524.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	214,339.			214,339.	
	4	Income from investment of tax-exempt bond proceeds	NONE				
	5	Royalties	NONE				
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	NONE				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	896,182.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	1,411,841.				
c	Gain or (loss)	-515,659.					
d	Net gain or (loss)	-515,659.			-515,659.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events	NONE					
9a	Gross income from gaming activities. See Part IV, line 19.						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities	NONE					
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory	NONE					
		Miscellaneous Revenue	Business Code				
11a	CONVERSION GAIN		8,958.			8,958.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,958.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,410,593.	2,639,524.		-292,362.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	187,062.	187,062.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	113,819.		113,819.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	708,973.	643,615.	65,358.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	NONE			
9 Other employee benefits	39,881.	31,020.	8,861.	
10 Payroll taxes	114,094.	59,984.	54,110.	
11 Fees for services (non-employees):				
a Management	129,318.		129,318.	
b Legal	30,045.		30,045.	
c Accounting	33,100.		33,100.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	6,930.			6,930.
f Investment management fees	29,716.		29,716.	
g Other	654,915.	620,397.	34,518.	
12 Advertising and promotion	26,101.			26,101.
13 Office expenses	16,015.		15,522.	493.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	410,334.	410,334.		
17 Travel	23,414.	11,093.	12,321.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	12,912.	12,912.		
23 Insurance	6,260.	6,260.		
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.)				
a <u>FOOD AND HOUSEHOLD SUPPLIES</u>	109,766.	109,766.		
b <u>OTHER EXPENSES</u>	13,578.		13,578.	
c <u>EQUIPMENT EXPENSE</u>	11,122.	5,491.	5,631.	
d <u>STUDENT TRIPS</u>	158,638.	158,638.		
e <u>MAINTENANCE AND REPAIRS</u>	56,894.	56,894.		
f All other expenses	8,871.	5,650.	3,221.	
25 Total functional expenses. Add lines 1 through 24f	2,901,758.	2,319,116.	549,118.	33,524.
26 Joint Costs. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	214,249.	1	315,972.
	2	Savings and temporary cash investments	749,726.	2	478,067.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	10a 87,589		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 30,937		
	11	Investments - publicly traded securities	STMT 5 5,022,242.	11	4,541,516.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	19,635.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,027,982.	16	5,411,842.	
Liabilities	17	Accounts payable and accrued expenses		17	53,598.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities. Complete Part X of Schedule D		25	489,964.
	26	Total liabilities. Add lines 17 through 25.		26	543,562.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,027,982.	27	4,868,280.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,027,982.	33	4,868,280.	
34	Total liabilities and net assets/fund balances.	6,027,982.	34	5,411,842.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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	X
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2008, 2007. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support 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 ▶ <input type="checkbox"/>		
b 33 1/3% support 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Area with horizontal dashed lines for supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$ amounts. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	NONE	80,047.	29,326.	50,721.
e Other	NONE	7,542.	1,611.	5,931.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				56,652.

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

Table with 10 rows and 3 columns: Description, Line Number, Amount. Includes Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) for the year per financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, Amount. Includes Total revenue, adjustments for net unrealized gains, recoveries, and other items, and Total revenue.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, Amount. Includes Total expenses, adjustments for donated services, prior year adjustments, and other items, and Total expenses.

Part XIV Supplemental Information

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

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)RECONCILIATION OF AUDITED FINANCIALSSCHEDULE D, PART XII & XIII, LINE 4BSCHOLARSHIPS ARE NETTED FOR FINANCIAL STATEMENT PURPOSES IN ACCORDANCEWITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES.THESE EXPENSES ARE SHOWN AS A REDUCTION OF REVENUE ON THE FINANCIALSTATEMENT AND HAVE BEEN SHOWN AS AN EXPENSE IN THE 990.PART XIVSCHEDULE D, PAGE 4, PART XIV, FIN 48 DISCLOSUREIN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUEDINTERPRETATION NUMBER 48 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ANINTERPRETATION OF FASB STATEMENT NO. 109 WHICH THE ASSOCIATION HASADOPTED. FIN 48 CLARIFIES THE UNCERTAINTIES IN INCOME TAXES RECOGNIZEDIN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD ANDMEASUREMENT APPROACH FOR THE FINANCIAL STATEMENT RECOGNITION ANDMEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAXRETURN. THERE WAS NO EFFECT ON THE ASSOCIATION FINANCIAL STATEMENTS AS ARESULT OF THE ADOPTION OF FIN 48.PRIOR PERIOD ADJUSTMENTRECONCILIATION OF END OF YEAR NET ASSETSBEGINNING OF YEAR \$6,027,982LOSS (714,445)ADJUSTMENT (445,257)END OF YEAR \$4,868,280

Part XIV Supplemental Information *(continued)*

THE PRIOR PERIOD ADJUSTMENT HAS BEEN MADE DUE TO A CHANGE FROM CASH BASIS
TO ACCRUAL BASIS.

Lined area for supplemental information with horizontal dashed lines.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

	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?	x	
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?	x	
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," please explain <u>SEE STATEMENT 6</u> ----- ----- -----	x	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	x	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	x	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	x	
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.) ----- -----	x	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		x
b Admissions policies?		x
c Employment of faculty or administrative staff?		x
d Scholarships or other financial assistance?		x
e Educational policies?		x
f Use of facilities?		x
g Athletic programs?		x
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		x
6a Does the organization receive any financial aid or assistance from a governmental agency?		x
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		x
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	x	

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b line 15, or line 16.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	1	14	PROGRAM SERVICES	EDUCATIONAL PROGRAM	2,456,738.
Totals ▶	1	14			2,456,738.

Part IV Supplemental Information

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

ACTIVITIES OUTSIDE THE US

PART IV - SUPPLEMENTAL INFORMATION TO PART I, ACTIVITIES PER REGION

THE ORGANIZATION OPERATED TWO SITES IN ITALY DURING THE CURRENT YEAR.

BOTH SITES PROVIDED UNDERGRADUATE STUDENTS WITH EDUCATIONAL COLLEGE LEVEL

PROGRAMS IN CLASSICAL STUDIES. THE PROGRAM ACTIVITIES INCLUDED FALL AND

SPRING SEMESTER PROGRAMS IN TWO LOCATIONS IN ITALY. THE CANDIDATES APPLY

TO THE PROGRAM AND ARE SELECTED IN ACCORDANCE WITH THE CRITERIA

DETERMINED BY THE MANAGEMENT COMMITTEE.

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS PAID	35	187,062.			

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

SCHOLARSHIPS

SCHOLARSHIPS ARE AWARDED TO STUDENTS THAT ATTEND THE STUDY ABROAD

PROGRAM. THERE IS A APPLICATION PROCESS FOR STUDENTS THAT REQUEST

SCHOLARSHIPS. ALL AWARDS ARE DECIDED BY THE MANAGING COMMITTEE AFTER

REVIEW OF THE REQUIRED APPLICATIONS AND OTHER DOCUMENTATION.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

NEW PROGRAM ACTIVITIES

PAGE 2, PART III, 2.

DURING THE CURRENT YEAR, A NEW PROGRAM WAS STARTED IN CATANIA, SICILY

THAT PROVIDED UNDERGRADUATE STUDENTS THE OPPORTUNITY TO STUDY AT AN

ADDITIONAL LOCATION IN ITALY.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

SALARIES

PAGE 5, PART V, 1A - 1B, 2A - 2B

SALARIES FOR THE ORGANIZATION ARE PAID IN ITALY AND THE UNITED STATES.

ITALIAN EMPLOYEES ARE PAID IN ITALY AND ALL TAX FILINGS ARE DONE WITH THE

ITALIAN GOVERNMENT AS THESE EMPLOYEES ARE ALL CITIZENS OF ITALY.

THERE ARE ALSO PROFESSORS WORKING IN ITALY AS VISITING INSTRUCTORS THAT

ARE PAID A SALARY. THESE PROFESSORS MAY BE UNITED STATES CITIZENS OR

CITIZENS OF OTHER COUNTRIES. FOR THOSE PROFESSORS THAT ARE UNITED STATES

CITIZENS, COMPENSATION IS REIMBURSED DIRECTLY TO THE EDUCATIONAL

INSTITUTION THAT THEY WORK FOR. ALL TAX REPORTING AND PAYMENTS HAVE BEEN

REPORTED AND PAID BY THE HOME EDUCATIONAL INSTITUTION.

AS A RESULT, THERE ARE NO 1099'S ISSUED OR W-2'S ISSUED BY THE

ORGANIZATION DIRECTLY.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

REVIEW OF 990

PAGE 6, PART VI, 10.

THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE MANAGING COMMITTEE FOR

THEIR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

CONFLICT OF INTEREST POLICY

PAGE 6, SECTION B, LINE 12 C

DISCLOSURE OF ANY CONFLICTS OF INTEREST ARE MADE TO SUPERVISORS AND TO

THE MANAGING COMMITTEE FOR REVIEW AND RESOLUTION.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

COMPENSATION POLICY

PAGE 6, SECTION B, LINE 15 B

SALARIES FOR ALL EMPLOYEES ARE DETERMINED ANNUALLY BY THE MANAGING

COMMITTEE. SALARIES FOR THE PROFESSOR IN CHARGE AND ALL INSTRUCTIONAL

STAFF ARE SET AT COMPETITIVE RATES BASED ON SALARIES PAID FOR SIMILAR

PROGRAMS BY OTHER COLLEGES AND UNIVERSITIES. SALARIES FOR SUPPORT STAFF

ARE DETERMINED BASED ON YEARS OF SERVICE AND RESPONSIBILITIES ASSUMED BY

THE INDIVIDUAL STAFF MEMBER. ALL SALARIES ARE APPROVED DURING THE ANNUAL

BUDGET PROCESS BY THE MANAGING COMMITTEE.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

GOVERNING DOCUMENTS

PAGE 6, SECTION C, 19

ICCS WILL MAKE THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE ON

GUIDESTAR.ORG.

Name of the organization

Employer identification number

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES

83-0406747

MANAGEMENT COMPANY

PART VI, SECTION A, LINE 3

THE DAY TO DAY MANAGEMENT OF THE OPERATIONS IN THE US ARE MANAGED BY DUKE

UNIVERSITY. DUKE MANAGES THE APPLICATION, BILL PAY AND STUDENT PROCESS

FOR ICCS, IN EXCHANGE FOR A MANAGEMENT FEE.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES PROVIDES UNDERGRADUATE STUDENTS WITH AN OPPORTUNITY TO STUDY ANCIENT HISTORY, ARCHAEOLOGY, GREEK AND LATIN LITERATURE, ITALIAN LANGUAGE AND ANCIENT ART IN ROME, ITALY AND SICILY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
CONSORTIUM MEMBERSHIP FEES			67,340.
TOTALS			67,340.

FORM 990, PART VI, LINE 17 - STATES

AK, AZ, AR, CA, CT,
DC, HI, IL, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR, PA,
RI, SC, TN, UT, VA, WI,

1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES COMPENSATION -----
DUKE UNIVERSITY 2016 CAMPUS DRIVE, PO BOX 90057 DURHAM, NC 27708	129,318.
CET ACADEMIC PROGRAM 1920 N STREET NW, SUITE 200 WASHINGTON, DC	611,179.
TOTAL COMPENSATION	----- 740,497. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
MUTUAL FUNDS AND EQUITIES	4,541,516.	FMV
TOTALS	4,541,516.	

SCHEDULE E - EXPLANATION FOR LINE 3

AS STATED ON THE WEBSITE AND IN ALL INFORMATION AND APPLICATIONS, ICCS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, DISABILITY, SEXUAL ORIENTATION OR PREFERENCE, GENDER OR AGE IN THE ADMINISTRATION OF EDUCATIONAL POLICIES, ADMISSIONS POLICIES, FINANCIAL AID, EMPLOYMENT, OR ANY OTHER UNIVERSITY PROGRAM OR ACTIVITY.

ALL SOLICITATIONS FOR EMPLOYMENT ALSO REFERENCE THE NONDISCRIMINATION POLICY.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

File by the due date for filing your return. See instructions.	Name of Exempt Organization INTERCOLLEGIATE CENTER FOR CLASSICAL STUDIES	Employer identification number 83-0406747
	Number, street, and room or suite no. If a P O box, see instructions C/O DUKE UNIVERSITY STUDY ABROAD PROGR 114 SO. BUCHANAN BLVD, BAY 6, PO BOX 90057	
	City, town or post office, state, and ZIP code For a foreign address, see instructions DURHAM, NC 27708-0057	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ KATHY AUGUSTA

Telephone No ▶ 919 668-3481 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)