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Department of the Treasury

## 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)

2009

OMB No 1545-0047

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please CENTENARY COLLEGE OF LOUISIANA use IRS label or 72-0408915 Address change Doing Business As E Telephone number print or type. See Name change (318) 869-5101 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 2911 CENTENARY BOULEVARD Instruc-G Gross receipts \$ 40,534,414 Terminated tions. City or town, state or country, and ZIP + 4 SHREVEPORT, LA 71104 Amended return Application pending Name and address of principal officer Is this a group return for **B DAVID ROWE** affiliates? 2911 CENTENARY BOULEVARD SHREVEPORT, LA 71104 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► www.centenary.edu K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1825 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE UNDERGRADUATE AND GRADUATE EDUCATION IN A VARIETY OF PROGRAMS TO APPROXIMATELY 800 UNDERGRADUATE STUDENTS AND 104 GRADUATE STUDENTS Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 42 847 Total number of employees (Part V, line 2a) . . 100 Total number of volunteers (estimate if necessary) . 151,902 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 113,875 Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 15,184,472 7,419,136 Program service revenue (Part VIII, line 2g) . 8,231,377 19,968,526 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 368,045 2,455,839 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,828,883 2,876,121 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 26,612,777 32,719,622 11,526,156 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 15,266,607 14,013,634 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 65,320 15,837 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{1,460,956}{}$ ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 12,734,776 10,920,700 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,066,703 36,476,327 Revenue less expenses Subtract line 18 from line 12 . -1,453,926 -3,756,705 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 149,568,846 20 Total assets (Part X, line 16) . 144,563,376 21 Total liabilities (Part X, line 26) . 20,555,458 21,723,349 Net assets or fund balances Subtract line 21 from line 20 122,840,027 129,013,388 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian \*\*\*\*\* 2011-05-15 Here Signature of officer WILLIAM H BALLARD VP OF FINANCE & ADMINISTRATION Type or print name and title Date Check if Preparer's identifying number Preparer's M Paige Gerich (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours BKD LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 2800 Post Oak Blvd Ste 3200 Phone no (713) 499-4600 HOUSTON, TX 77056

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

#### Part IIII Statement of Program Service Accomplishments

Briefly describe the organization's mission

CENTENARY IS A SELECTIVE LIBERAL ARTS COLLEGE OFFERING UNDERGRADUATE PROGRAMS AND LIMITED NUMBER OF GRADUATE PROGRAMS IN THE ARTS, HUMANITIES, NATURAL SCIENCES, AND SOCIAL SCIENCES, WHICH STRENGTHEN THE FOUNDATION FOR STUDENTS' PERSONAL LIVES AND CAREER GOALS STUDENTS AND FACULTY WORK TO GETHER TO BUILD A COMMUNITY FOCUSED ON ETHICAL AND INTELLECTUAL DEVELOPMENT, RESPECT AND CONCERN FOR HUMAN AND SPIRITUAL VALUES, AND THE JOY OF CREATIVITY AND DISCOVERY CONSISTENT WITH ITS AFFILIATION WITH THE UNITED METHODIST CHURCH, THE COLLEGE ENCOURAGES A LIFELONG DEDICATION NOT ONLY TO LEARNING BUT ALSO TO SERVING OTHERS IT STRIVES TO OVERCOME IGNORANCE AND INTOLERANCE, TO EXAMINE IDEAS CRITICALLY, TO PROVIDE AN UNDERSTANDING OF THE FORCES THAT HAVE INFLUENCED THE PAST, DRIVE THE PRESENT, AND SHAPE THE FUTURE, AND TO CULTIVATE INTEGRITY, INTELLECTUAL AND MORAL COURAGE, RESPONSIBILITY, FAIRNESS, AND COMPASSION IN PURSUIT OF THESE IDEALS, THE COLLEGE CHALLENGES ITS STUDENTS THROUGHOUT THEIR EDUCA

					Form <b>990</b> (2009)					
4e	Total program service expenses►\$	26,274,80	1							
	(Expenses \$	including grants of	<sup>-</sup> \$	) (Revenue \$	)					
4d	Other program services (Describe	ın Schedule O )								
				, (	,					
4c	(Code ) (Expenses \$	<u> </u>	including grants of \$	) (Revenue \$	)					
4Ь	(Code ) (Expenses \$	<b>\$</b>	ıncludıng grants of \$	) (Revenue \$	)					
	PROVIDE UNDERGRADUATE AND GRADUATE STUDENTS	EDUCATION IN A VARIET	Y OF PROGRAMS TO APPRO	DXIMATELY 800 UNDERGRADUATE	STUDENTS AND 104 GRADUATE					
4a	(Code ) (Expenses \$	26,274,801	ıncludıng grants of \$	11,526,156 ) (Revenue \$	19,968,526 )					
4	Describe the exempt purpose achieve Section $501(c)(3)$ and $501(c)(4)$ org allocations to others, the total expen	anizations and sectio	on 4947(a)(1) trusts a	re required to report the am						
	If "Yes," describe these changes on S	Schedule O								
3	Did the organization cease conductin services?			nducts, any program	✓ Yes │ No					
	If "Yes," describe these new services									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									

art TV	Check	dist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Νο
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
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		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

orm	990 (2009)			Page		
Pai	t 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					
L						
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0					
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					
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	Yes			
_	·					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes			
ь	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No		
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
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		N o		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did					
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	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					
	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					
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
<b>L</b>	If "Vos " onter the amount of tax-exempt interest received or accrued during the					

year

12b

2911 CENTENARY BOULEVARD SHREVEPORT, LA 71104

(318) 869-5012

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 45			
b	Enter the number of voting members that are independent 42			
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		100	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		100	
	to conflicts?	12b	Yes	
٠	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	
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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		Νο
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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►			
18	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			
19	Own website Another's website Vupon request  Describe in Schedule Owhether (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		w.w-1	. <b>b</b> -
20	State the name, physical address, and telephone number of the person who possesses the books and records of the william H Ballaph	ie orga	mizatior	1 <b>P</b>

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	r, dırector, trustee	or key employee							
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)				I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	Г	aу	_
	- 1	F 4	7.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶7

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 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	_		NI -
	, , , , , , , , , , , , , , , , , , ,	, 5 '		No No

### **Section B. Independent Contractors**

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

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
EIIA 200 S WACKER SUITE 1000 CHICAGO, IL 60606	INSURANCE ADMIN	326,480
SODEXO INC PO BOX 536922 ATLANTA, GA 30353	FOOD SERVICES	1,478,254
RUFFALOCODY PO BOX 3018 CEDAR RAPIDS, IA 52406	ENROLLMENT SERVICES	330,583
GILSBAR INC PO BOX 2946 COVINGTON, LA 70434	EMPLOYEE BENEFITS	309,241
KINGSWAY INTERNATIONAL 3260 E WOODMEN RD 200 COLORADO SPRINGS, CO 80920	TRAVEL SERVICES	282,784
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►17	who received more than	

Form 99								Page <b>9</b>
Part V	/1111	Statement o	of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
								514
ints ints	1a	Federated camp	_					
gra	Ь	Membership du		62,329				
ffs. B	C .	Fundraising eve						
Contributions, gifts, grants and other similar amounts	d e	Government grants	ations 1d s (contributions) 1e	1,142,346				
ons sin	f	_	ons, gifts, grants, and <b>1f</b>	6,214,461				
her Ter	-	sımılar amounts no	t included above					
# # # # # # # # # # # # # # # # # # #	g	lines 1a-1f \$	butions included in 2,713					
S E	h		s 1a-1f	▶	7,419,136			
				Business Code				
ē	2a	TUITION & FEES		611,710	19,968,526	19,968,526		
Program Serwce Revenue	ь							
	C							
	d							
Ē	e ,	A II a tha a a a a a a a						
i) L	'		ım service revenue					
	g 3		2a-2f		19,968,526			
			ome (including dividend ar amounts)		973,603		137,769	835,834
	4		tment of tax-exempt bond p		0			
	5	Royalties	<u> </u>	▶	585,819			585,819
	_		(ı) Real	(II) Personal				
	6а ь	Gross Rents Less rental	125,205 2,456					
	-	expenses Rental income	122,749					
	С	or (loss)			122,749			122,749
	d	Net rental incor	me or (loss)  (i) Securities	► (II) O ther	122,749			122,749
	7a	Gross amount from sales of assets other	5,578,040	103,664				
	ь	than inventory Less cost or other basis and sales expenses	4,195,313	4,155				
	С	Gain or (loss)	1,382,727	99,509				
	d 8a	Net gain or (los Gross income f	s)		1,482,236			1,482,236
Other Revenue		events (not inc \$62,	luding ,329 reported on line 1c) e 18					
<u>-</u>	ь	Less direct ex	apenses b	40,236 20,255				
탉	c		loss) from fundraising	<u> </u>	19,981			19,981
	9a	Gross income f See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct ex	penses <b>b</b>					
	c		loss) from gaming activ	vities	0			
	TOA	Gross sales of returns and allo		4,962,522				
	b c	Net income or (	oods sold <b>b</b> loss) from sales of inve		1,369,909			1,369,909
	11a	Miscellaneous		Business Code 900,099	763,530			763,530
	l .	MISCELLANEC		900,099	14,133		14,133	. 55,550
		AFFILIATES					· 	
	С	A.II						
	d e	All other revenu						
	12		See Instructions	<b> </b>	777,663			
					32,719,622	19,968,526	151,902	5,180,058

	990 (2009)				Page <b>10</b>
Pari	IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	скрепаса	денега ехрепоез	скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,526,156	11,526,156		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	705,165	158,534	409,515	137,116
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	11,087,916	8,171,611	2,128,964	787,341
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	481,987	368,878	77,952	35,157
9	Other employee benefits	893,464	668,286	<del>                                     </del>	77,699
10	Payroll taxes	845,102	604,322	<del>                                     </del>	62,458
11	Fees for services (non-employees)	213,222		=: =,===	
 a	Management	0			
b	Legal	44,850	56	44,794	_
c	Accounting	116,277		116,277	
d	Lobbying	92,871		113,277	92,871
e	Professional fundraising See Part IV, line 17	15,837		1	15,837
f	Investment management fees	0			13,037
g	Other	921,266	835,893	30,426	54,947
12	Advertising and promotion	0	033,033	30,120	31,317
13	Office expenses	1,375,358	833,022	452,178	90,158
14	Information technology	75,127	15,209	· ·	7,286
15	Royalties	0	13,233	32,032	,,200
16	Occupancy	1,923,045	413,204	1,509,841	
17	Travel	1,458,807	1,354,359		44,262
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,331,333	30,100	11,202
19	Conferences, conventions, and meetings	0			
20	Interest	1,007,529	434,665	572,864	
21	Payments to affiliates	0	.5.7005	3,2,001	
22	Depreciation, depletion, and amortization	1,872,585		1,872,585	
23	Insurance	402,932	117,108		
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)	1134,222			
а	EQUIPMENT RENTAL & MAINTENANCE	124,103	107,191	12,941	3,971
ь	TUITION REMISSION	377,071	0	377,071	0
с	TAXES & LICENSES	24,960	119	24,756	85
d	DUES & MEMBERSHIPS	154,474	72,620	81,854	0
e	MISCELLANEOUS EXPENSES	949,445	593,568	304,109	51,768
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	36,476,327	26,274,801	8,740,570	1,460,956
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	•		1,864,281	2	2,114,871
	3	Pledges and grants receivable, net	•		4,677,910		4,593,109
	4	Accounts receivable, net			731,781	4	556,361
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			460,491	7	495,343
8	8	Inventories for sale or use			0	8	0
⋖	9	Prepaid expenses and deferred charges			325,771	9	366,419
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	66,833,525			
	ь	Less accumulated depreciation	10b	36,892,136	31,077,088	10c	29,941,389
	11	Investments—publicly traded securities			84,117,302	11	88,636,990
	12	Investments—other securities See Part IV, line 11			184,036	12	166,611
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			21,124,716	15	22,697,753
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			144,563,376	16	149,568,846
	17	Accounts payable and accrued expenses .			5,022,610	17	4,425,982
	18	Grants payable			513,744	18	508,267
	19	Deferred revenue			543,186	19	671,427
	20	Tax-exempt bond liabilities			15,156,937	20	14,539,090
68	21	Escrow or custodial account liability Complete Part IV of Schedul	le D .			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	·		39,934	23	32,343
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			446,938	25	378,349
	26	Total liabilities. Add lines 17 through 25			21,723,349	26	20,555,458
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ф		through 29, and lines 33 and 34.					
ם	27	Unrestricted net assets			5,584,390	27	19,145,197
Fund Balance	28	Temporarily restricted net assets			35,052,971	28	25,431,566
2	29	Permanently restricted net assets			82,202,666	29	84,436,625
Ξ		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ are	ıd con	ıplet e			
ŏ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			122,840,027	33	129,013,388
ı	34	Total liabilities and net assets/fund balances			144,563,376	34	149,568,846

			Yes	No
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

CENTENARY COLLEGE OF LOUISIANA The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Reason for Public Charity Status (All organizations must complete this part.) See instructions

A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

 $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in

section 170(b)(1)(A)(vi) (Complete Part II )

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons

other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		Νo
11g(ii)		Νo
11g(iii)		Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organizati col (i) of	organization in col (i) of your support?		on in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** 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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493125001151

# OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

CEN.	ne of the organization TENARY COLLEGE OF LOUISIANA			Employer iden	tification number
				72-0408915	
irt	I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 527	organization.
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
	Political expenditures			▶	\$
	Volunteer hours				
arí	Complete if the or	ganization is exempt und	er section 501(	(c)(3).	
		e tax incurred by the organization			\$
)	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 <b>►</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
la	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
ari	I-C Complete if the or	ganization is exempt und	er section 501(	c) except section 501	l(c)(3).
L	Enter the amount directly expe	ended by the filing organization fo	r section 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organizations	s for section 527 ▶	\$
3	Total exempt function expend	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b 🕨	\$
Ļ	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
	contributions received that we	non listed, enter the amount paid re promptly and directly delivered nittee (PAC) If additional space i	d to a separate politi	ıcal organızatıon, such as a	
	(a) Name	( <b>b</b> ) Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	ver \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

		(;	a)		(b)	
		Yes	No		A moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		I			
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes			č	92,871
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i				ç	92,871
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
ь	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 <b>01</b> (c	)(5),	or s	ectio	n
						No
_					Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			2		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **ETTI-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I			2 3 or s		n
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 5			2 3 or s		n
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **EIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,		2 3 or s		n
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	II-À,		2 3 or s		n
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  **Dues, assessments and similar amounts from members**  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	11-A,		2 3 or s		n
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  **Dues, assessments and similar amounts from members**  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1 1 2a		2 3 or s		n
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	1 1 2a 2b		2 3 or s		n
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIT-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3		2 3 or s		n
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIT-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c		2 3 or s		n

Return Reference

Ident if ier

Schedule C (Form 990 or 990EZ) 2009

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493125001151

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization CENTENARY COLLEGE OF LOUISIANA 72-0408915 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

0

0

1,193,792

Sche	dule D (Form 990) 2009										Page <b>2</b>
Par	Organizations Maintaining Co	llections of Art,	His	torical Tre	eası	ıres, or O	the	r Similaı	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e following th	at aı	re a significa	ant u	se of its co	llectio	n	
а	Public exhibition		d	✓ Loan o	rexc	hange progr	ams				
ь	Scholarly research		e	✓ Other	PUB	LIC EDUCA	TIO	N			
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	v they further	the	organızatıon	's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang							es" to For	m 990	0,	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for contributi	ons	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	ing table							
									A mo	unt	
c	Beginning balance						1c				
d	Additions during the year					L	1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			_			Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV										
	rt V Endowment Funds. Complete		ans	wered "Yes	" to	Form 990,	Par	t IV, line	10.		
	·	(a)Current Year		<b>)</b> Prior Year		Two Years Bac				<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	98,719,393		117,871,784							
b	Contributions	663,294		6,777,374							
c	Investment earnings or losses	12,934,008		-16,414,513							
d	Grants or scholarships	4,711,522		9,079,601							
е	Other expenditures for facilities and programs										
f	Administrative expenses	397,026		435,651							
g	End of year balance	107,208,147		98,719,393							
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨	<b>17.000</b> %									
ь	Permanent endowment <b>&gt; 83.000</b> %										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that are held	and a	administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		3a(i)	Yes	<u> </u>
_	(ii) related organizations		•				•		3a(ii)		l No
	If "Yes" to 3a(II), are the related organizatio	•			•		•		3b		<u> </u>
4 Doc	Describe in Part XIV the intended uses of th				Λ D	art V lina	10				
76	t VI Investments—Land, Buildings	s, and Equipme	1t. 5			·			T		
	Description of investment			(a) Cost or of basis (investm		( <b>b)</b> Cost or of basis (othe		(c) Accumu depreciat		( <b>d)</b> Bo	ok value
1a	Land					2,329	,976				2,329,976
b	Buildings		•	1,090	,799	44,854	,867	23,1	19,999	2	2,825,667
c	Leasehold improvements					1,108	,324	10	51,317		947,007
d	Equipment					17,243	,400	13,6	10,820		3,632,580
						206	,159				206,159
Tot a	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	ın (B)	, lıne 10(c).)				▶		2	9,941,389
								Sched	ule D (	Form 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation f-year market value
Financial derivatives			, , ,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		13	
			d of valuation
(a) Description of investment type	(b) Book value		f-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, lin			
(a) Descrip	tion		(b) Book value
FUNDS HELD IN TRUST BY OTHERS			20,344,351
RESTRICTED CASH			1,877,430
OTHER			475,972
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		22,697,753
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ASSETS HELD IN CUSTODY	164,488		
LIABILITY ON ANNUITY CONTRACTS	213,861		
ZIADIZITI GRAMICOTTI GGRAMACIG	213,001		
		I	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	378,349		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,719,62
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,476,32
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,756,70
4	Net unrealized gains (losses) on investments	4	8,288,98
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,641,080
9	Total adjustments (net) Add lines 4 - 8	9	9,930,06
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,173,36
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	r <b>n</b>
1	Total revenue, gains, and other support per audited financial statements	1	34,738,856
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	13,545,39
3	Subtract line <b>2e</b> from line <b>1</b>	3	21,193,466
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c	11,526,150
5 Dog	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	32,719,62
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	<u>Брег ке</u> т	28,565,49!
-	statements	1	20,303,49.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	]	
c	Other losses	1	
d	Other (Describe in Part XIV)	<u> </u>	
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,615,32
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,950,17
4	A mounts 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	
Ь	Other (Describe in Part XIV)	4	
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,526,15
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	36,476,32

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,

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART III, QUESTION 4		THE MEADOWS MUSEUM OF ART IS A DEPARTMENT OF THE COLLEGE AND IS LOCATED ON THE COLLEGE CAMPUS THE MEADOWS MUSEUM EXISTS FOR THE PURPOSES OF HOUSING, CARING FOR, AND EXHIBITING THE PERMANENT COLLECTION ON A ROTATING BASIS AND FOR IMPLEMENTING PUBLIC EDUCATIONAL PROGRAMS DEVELOPED IN TANDEM WITH MUSEUM EXHIBITIONS IN ORDER TO MAXIMIZE EDUCATIONAL IMPACT ON VIEWERS AND PROGRAM PARTICIPANTS MUSEUM STAFF OFTEN WORK WITH COLLEGE FACULTY TO MOUNT EXHIBITIONS DIRECTLY RELATED TO COURSE CONTENT AND IN THIS WAY SIMULTANEOUSLY SERVE THE CENTENARY COLLEGE STUDENTS, FACULTY AND STAFF AS WELL AS THE REGIONAL COMMUNITY-AT-LARGE ALL PUBLIC EDUCATIONAL PROGRAMS AND EVENTS ARE PRESENTED FREE-OF-CHARGE PERIODICALLY, EXHIBITIONS ARE LOANED TO REGIONAL INSTITUTIONS FOR PRESENTATION THAT SPAN THE SOUTHERN GEOGRAPHIC REGION FROM NORTHERN MISSISSIPPI TO CENTRAL TEXAS THESE ACTIVITIES STRONGLY SUPPORT THE EDUCATIONAL MISSION OF CENTENARY COLLEGE
SCHEDULE D, PART V, QUESTION 4		THE COLLEGE'S ENDOWMENT FUNDS A PORTION OF THE OPERATING AND CAPITAL REQUIREMENTS OF THE INSTITUTION IN ADDITION, THERE ARE A NUMBER OF RESTRICTED ENDOWMENTS THAT ARE INTENDED TO FUND SPECIFIC AREAS WITHIN THE INSTITUTION, INCLUDING ENDOWED FACULTY CHAIRS, ENDOWED SCHOLARSHIPS FOR QUALIFIED STUDENTS, AND OTHER SPECIFIC AREAS
SCHEDULE D, PART XI, LINE 8	OTHER CHANGE IN NET ASSETS	CHANGE IN SPLIT INTEREST AGREEMENT \$1,641,086
SCHEDULE D, PART XII	OTHER DIFFERENCES	LINE 2D OTHER AMOUNTS IN REVENUE PER AUDITED FINANCIAL STATEMENTS NOT IN REVENUE PER TAX RETURN AUXILIARY EXPENSES NETTED WITH REVENUE \$3,592,613 CHANGE IN SPLIT INTEREST AGREEMENTS \$1,641,086 FUNDRAISING EXPENSES INCLUDED IN REVENUE \$ 20,255 OTHER EXPENSES INCLUDED IN REVENUE \$ 2,456
SCHEDULE D, PART XIII	OTHER DIFFERENCES	LINE 2D OTHER AMOUNTS IN EXPENSE PER AUDITED FINANCIAL STATEMENTS NOT IN EXPENSE PER TAX RETURN AUXILIARY EXPENSES NETTED WITH REVENUE \$3,592,613 FUNDRAISING EXPENSES INCLUDED IN REVENUE \$ 20,255 OTHER EXPENSES INCLUDED IN REVENUE \$ 2,456
FIN 48 UNCERTAIN TAX POSITIONS		THE ORGANIZATION FILES A TAX-EXEMPT RETURN IN THE US FEDERAL JURISDICTION THE ORGANIZATION IS NOT SUBJECT TO US FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007 THE ORGANIZATION ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CONCERNING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS ON JANUARY 1, 2009 THE IMPLEMENTATION OF THE PROVISIONS OF ASC 740 DID NOT HAVE ANY EFFECT ON THE FINANCIAL STATEMENTS

STATEMENTS

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

CENTENARY COLLEGE OF LOUISIANA

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

72-0408915 YES NO 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 Νo 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? Yes 2 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 3 Yes THE COLLEGE PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY TO THE GENERAL COMMUNITY IT SERVES THROUGH AN ADVERTISEMENT ONCE A YEAR IN THE LOCAL NEWSPAPER THE COLLEGE ALSO DISPLAYS THIS SAME NONDISCRIMINATORY POLICY THROUGHOUT THE COLLEGE'S WEBSITE, PRIMARILY IN THE ADMISSIONS AND FINANCIAL AID SECTIONS IN ADDITION, THE COLLEGE DISPLAYS THE POLICY ON MATERIAL THAT IS SENT OUT TO PROSPECTIVE STUDENTS, INCLUDING THE COLLEGE'S APPLICATION FORM Does the organization maintain the following? a 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 c 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, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? No\_ 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 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," explain on Schedule O (Form 7 Yes 990)

DLN: 93493125001151

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization CENTENARY COLLEGE OF LOUISIANA **Employer identification number** 

72-0408915

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
	Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
	FUNDRAISING CONSULTING		No	0	15,837	0			
Total			0	15,837	0				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					report	:ed
			(a) Event #1  Wilhite Golf (event type)	(b) Event #2  CLC Anl. Dinner (event type)	(c) O ther Events  0 (total number)	(d) Total Eq (Add col (a) col (c)		
₽	1	Gross receipts	33,364				10	2,565
Revenue	2	Less Charitable contributions	31,744	·				2,329
	3	Gross income (line 1 minus line 2)	1,620	38,616			4(	0,236
	4	Cash prizes						
မ	5	Non-cash prizes						
suse	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
ਰ ਹ	8	Entertainment						
₫	9	Other direct expenses .	17,464	2,791			2(	0,255
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)			2(	0,255
	11	Net income summary Combine li	nes 3, column d, and line	10			1	9,981
Par	t II	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii	rganızatıon answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th I (c))	
	1	Gross revenue						
မှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes%			
	7	Direct expense summary Add line  Net gaming income summary Com						
9	F	h		Lk			Yes	No
a	Is	ter the state(s) in which the organize the organization licensed to operate			-	· 9a		
Ь	If " —	'No," Explain						
10a b								
11 12	Is	es the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		
		gamme	,		Schedule G (Form !	·   12 990 or 990		09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493125001151

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

CENTENARY COLLEGE OF LOUISIANA

Schedule I

(Form 990)

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

**Inspection** Employer identification number

72-0408915

Part I General Infor	mation on Grant	s and Assistance				<b>'</b>	
<ul> <li>Does the organization mathematics the selection criteria use</li> <li>Describe in Part IV the organization mathematics</li> </ul>	d to award the grants	or assistance?			ty for the grants or assi	stance, and • • • • • • • •	✓ Yes
Part II Grants and Ot Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, . <del>.</del> ,	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) and g	overnment organizations				<u> </u>	
3 Enter total number of oth For Privacy Act and Paperwork Re				Cat No 50055P		•	lule I (Form 990) 2009

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

( <b>b)</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
766	11,526,156		FMV	
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF FUNDS	SCHOLARSHIPS AND OTHER TYPES OF FINANCIAL ASSISTANCE ARE MONITORED BY PROCEDURES THAT INSURE INDIVIDUALS RECEIVING DISBURSEMENTS ARE QUALIFIED TO RECEIVE THE FINANCIAL ASSISTANCE BASED ON THE INSTITUTION'S ASSESSMENT OF FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND OTHER SIMILAR NEEDS

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DLN: 93493125001151

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of t	he	orgai	niza	at ion	
CENTER	NARY	CC	LLEGE	OF	LOUISL	AN,

**Employer identification number** 

72-0408915

Pa	rt I Questions Regarding Compensation					
			Yes	Νo		
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	✓ Compensation committee					
	Independent compensation consultant					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	a Receive a severance payment or change-of-control payment?					
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		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 A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
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 A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III			NI a		
^		8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(B) Breakdown of  (i) Base compensation	(i) Base (ii) Bonus & (iii) Other		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ
231,356 0	52,251 0	57,832 0	23,453	3,840 0	368,732 0	
132,839 0	19,596 0	378 0	10,214	3,840 0	166,867 0	
123,651 0	19,596 0	363 0	9,220 0			
	(i) Base compensation 231,356 0 132,839 0	(i) Base compensation  231,356 52,251 0  132,839 19,596 0  123,651 19,596	reportable compensation  231,356	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation           231,356 0 0 0 0 0 0         52,251 0 0 0 0 0         57,832 0 0 0 0 0         23,453 0 0 0 0 0           132,839 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0         19,596 0 0 0 0 0 0 0         378 0 0 0 0 0 0 0           123,651 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits           231,356 0 0 0 0 0 0 0 0         52,251 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits         (B)(I)-(D)           231,356 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

### 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	Return Reference	Explanation
WRITTEN POLICY	SCHEDULE J,	THE COLLEGE DOES NOT REIMBURSE FOR FIRST-CLASS TRAVEL ON AN INFREQUENT BASIS, COLLEGE EMPLOYEES MAY TRAVEL WITH A
REGARDING	PART 1, LINE	BOARD OF TRUSTEE MEMBER ON A CHARTER (OR PRIVATELY-OWNED) PLANE ON COLLEGE BUSINESS SUCH TRAVEL WOULD TYPICALLY
PAYMENT OR	1B	INCLUDE THE PRESIDENT OF THE COLLEGE AND BE AUTHORIZED BY THAT PERSON HOUSING ALLOWANCES ARE PROVIDED BY CONTRACT
REIMBURSEMENT		TO THE COLLEGE PRESIDENT IN LIEU OF COLLEGE-PROVIDED HOUSING IN ADDITION, UNDER INTERNAL REVENUE SERVICE RULES,
OFEXPENSES		COLLEGE CLERGY MAY MAKE HOUSING ALLOWANCE ELECTIONS TO ALLOCATE A PORTION OF THEIR SALARY TO SUCH AN ALLOWANCE
NON-FIXED	SCHEDULE J,	PAYMENTS WERE MADE AS PART OF AN EXECUTIVE INCENTIVE PLAN (EIP) THIS WAS AN "AT RISK" PAY PLAN AND WAS TERMINATED AS OF
PAYMENTS	PART I, LINE	JUNE 30, 2009
	7	

Schedule J (Form 990) 2009

OMB No 1545-0047

Department of the Treasury

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Open to Public

Internal Revenue Service		ection
Name of the organization CENTENARY COLLEGE OF LOUISIAN	Employer identification n	umber
	72-0408915	
Dort T. Tunos of Dro	<b>.</b>	

	Types of Property							
		(a) Check	<b>(b)</b> Number of Contributions	(c) Revenues reported on	<b>(d</b> ) Method of de	•		
		If	Number of Contributions	Form 990, Part VIII, line	reven		illig	
		applicable		1g				
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							
	Securities—Publicly traded .	Х	10	92,713	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	Other ►()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
	for which the organization compr	eteu i oiiii t	3203, Fait IV, Dollee Ackii	owiedgement			Yes	No
30a	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	1 - 28 that it		163	
<b>50</b> u	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not required	a to be asea	20-		No
L	• • •					30a		
D	If "Yes," describe the arrangem	ent in Part 1	.1					
31	Does the organization have a gif					31		N o
		e third parti	_			32a	Yes	
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a)	) is checked,			
	uescribe ili Part II							

#### Part II

**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.

Ident if ier	Return Reference	Explanation
SCHEDULE M, PART I, QUESTION 32B		THE COLLEGE'S POLICY IS TO SELL ALL MARKETABLE SECURITIES UPON RECEIPT FROM THE DONOR THE COLLEGE WILL USE ONE OF THE BROKERAGE FIRMS IT HAS AN ACCOUNT WITH TO SELL THE DONATED SECURITIES

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

As Filed Data -

**EIN:** 72-0408915

Name: CENTENARY COLLEGE OF LOUISIANA

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**SCHEDULE 0** (Form 990)

**Supplemental Information to Form 990** 

OMB No 1545-0047

DLN: 93493125001151

Department of the Treasury Internal Revenue Service

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization CENTENARY COLLEGE OF LOUISIANA

**Employer identification number** 

72-0408915

ldentifier	Return Reference	Explanation
FAMILY/BUSINESS RELATIONSHIP	l '	EDWARD J CRAWFORD, III, AND JOHN E ATKINS HAVE A FAMILY RELATIONSHIP WILLIAM G ANDERSON AND JAY A GREENLEAF HAVE A BUSINESS RELATIONSHIP THE COLLEGE IS UNAWARE OF ANY OTHER FAMILY OR BUSINESS RELATIONSHIPS BETWEEN ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, QUESTION 3	MICHAEL EASTON WAS NAMED INTERIM EVP OF OPERATIONS FOR THE COLLEGE FROM MARCH 2009 THROUGH JULY 2009 AS THE SELECTION PROCESS FOR A NEW PRESIDENT WAS ONGOING MR EASTON WAS AN EMPLOYEE OF REGISTRY FOR COLLEGE AND UNIVERSITY PRESIDENTS DURING THIS INTERIM APPOINTMENT

ldentifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, QUESTION 11B	THE AUDIT COMMITTEE IS CHARTERED TO ASSIST THE BOARD OF TRUSTEES IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES FOR THE FINANCIAL REPORTING PROCESS, THE SYSTEM OF INTERNAL CONTROL, THE AUDIT PROCESS, AND THE COLLEGE'S PROCESS FOR MONITORING COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS AND THE CODE OF CONDUCT THE ORGANIZATION ENGAGES AN ACCOUNTING FIRM TO PREPARE FORM 990 THE FORM 990 IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD A RECOMMENDATION IS MADE TO THE FULL BOARD OF TRUSTEES TO ACCEPT THE FORM 990 BASED ON THE AUDIT COMMITTEE RECOMMENDATION A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING

ldentifier	Return Reference	Explanation
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	MEMBERS OF THE BOARD OF TRUSTEES AND KEY SENIOR ADMINISTRATORS SHALL FILE ANNUALLY WITH THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES A COMPLETED QUESTIONNAIRE THAT IS AN ATTACHED EXHIBIT TO THE CONFLICT OF INTEREST POLICY DETAILING ANY POSSIBLE CONFLICTS OF INTEREST WITH THE INSTITUTION

ldentifier	Return Reference	Explanation
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION		A REVIEW IS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, SAID COMMITTEE BEING COMPRISED OF THE OFFICERS OF THE BOARD

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OR INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	FORM 990, SCHEDULE E, LINE 1	CENTENARY COLLEGE INSERTS THE FOLLOWING LANGUAGE IN ITS ADMISSIONS MATERIALS, CATALOG, AND ON-LINE STUDENT HANDBOOK IN ADDITION, THIS LANGUAGE IS USED IN MULTIPLE PLACES ON OUR WEBSITE, E.G., THE FINANCIAL AID WEBPAGE "CENTENARY COLLEGE OF LOUISIANA DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, AGE, RELIGION, DISABILITY, SEXUAL ORIENTATION, OR NATIONAL OR ETHNIC ORIGIN IN ITS ADMISSIONS POLICIES, LOAN PROGRAMS, OR OTHER COLLEGE PROGRAMS, POLICIES, AND ACTIVITIES "THE COLLEGE'S GOVERNING DOCUMENTS DO NOT INCLUDE THIS LANGUAGE, ALTHOUGH IT IS THE CLEAR INTENT (AS EVIDENCED ABOVE) OF THE COLLEGE TO FOLLOW SUCH PRACTICES THE ADMINISTRATION IS RESEARCHING ARCHIVES TO DETERMINE IF ANY PRIOR RESOLUTIONS EXIST AND WILL BRING ITSELF INTO FULL DOCUMENTED COMPLIANCE WITHIN THE NEAR FUTURE

ldentifier	Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, ETC	FORM 990 PART VII	BOARD MEMBERS DR MATT WEEKS AND DR JUAN RODRIGUEZ RECEIVE COMPENSATION FROM THE ORGANIZATION FOR SERVICES AS FACULTY MEMBERS. THEY DO NOT RECEIVE ANY PART OF THEIR COMPENSATION FOR SERVICES ON THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO PROGRAM SERVICES	FORM 990, PART III, LINE 3	IN SPRING 2010, THE BOARD OF TRUSTEES APPROVED A RECOMMENDATION FROM THE PRESIDENT OF THE COLLEGE TO APPROVE THE PHASE-OUT OF 22 ACADEMIC PROGRAMS, MAJORS, AND MINORS THIS PHASE-OUT WILL OCCUR OVER THREE ACADEMIC YEARS BEGINNING IN 2010-11 AND ENDING 2012-13, GIVING AMPLE TIME FOR ANY STUDENTS WHO ARE ENROLLED IN THE TERMINATED PROGRAMS TO COMPLETE THEIR STUDIES IN SUCH PROGRAM AND GRADUATE THE COLLEGE WILL CONTINUE TO OFFER 22 ACADEMIC PROGRAMS, MAJORS, AND MINORS WITH A RENEWED FOCUS ON CHURCH-RELATED LIBERAL ARTS AND THE CHALLENGES OF THE 21ST CENTURY

# Software ID: Software Version:

**EIN:** 72-0408915

Name: CENTENARY COLLEGE OF LOUISIANA

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	(che	')			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	we e k	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
REV DOUGLAS L CAIN EX-OFFICIO MEMBER	1 0	Х						0	0	0			
CINDY GLEASON JOHNSON EX-OFFICIO MEMBER	1 0	Х						0	0	0			
MATTHEW WALLACE EX-OFFICIO MEMBER	1 0	Х						0	0	0			
DR MATT WEEKS EX-OFFICIO MEMBER	1 0	Х						51,596	0	10,229			
REV WILLIAM W HUTCHINSON EX-OFFICIO MEMBER	1 0	Х						0	0	0			
DR JUAN RODRIGUEZ EX-OFFICIO MEMBER	1 0	Х						84,881	0	15,146			
WILLIAM G ANDERSON MEMBER	1 0	Х						0	0	0			
REV DR CHRIS H ANDREWS MEMBER	1 0	X						0	0	0			
JOHN E ATKINS MEMBER	1 0	X						0	0	0			
WILLIAM E BRADFORD MEMBER	1 0	X						0	0	0			
HONORABLE EUGENE W BRYSON JR MEMBER	1 0	X						0	0	0			
DR NANCY M CARRUTH MEMBER	1 0	X						0	0	0			
EDWARD J CRAWFORD III MEMBER	1 0	Х						0	0	0			
C WALTER DOBIE MEMBER	1 0	Х						0	0	0			
G ARCHER FRIERSON II MEMBER	1 0	Х						0	0	0			
DARYL R FULTZ MEMBER	1 0	Х						0	0	0			
WILLIAM T GREEN MEMBER	1 0	Х						0	0	0			
ROBERT B HAMM MEMBER	1 0	Х						0	0	0			
JAMES JOSEPH HARDT MEMBER	1 0	Х						0	0	0			
PERCY V HUBBARD MEMBER	1 0	Х						0	0	0			
JANE HUTCHINSON JAMES MEMBER	1 0	Х						0	0	0			
DAVID A BARLOW MEMBER	1 0	Х						0	0	0			
C ELLIS BROWN JR MEMBER	1 0	Х						0	0	0			
DR KENNETH Q CARLILE MEMBER	1 0	Х						0	0	0			
J STAFFORD COMEGYS MEMBERS	1 0	Х						0	0	0			

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

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
REV KENNETH M FISHER MEMBER	1 0	x						0	0	0
DR JOHN F GEORGE JR MEMBER	1 0	х						0	0	0
JAY A GREENLEAF MEMBER	1 0	Х						0	0	0
O DELTON HARRISON MEMBER	1 0	Х						0	0	0
ROY S HURLEY MEMBER	1 0	Х						0	0	0
PAUL MICHAEL MANN MEMBER	1 0	Х						0	0	0
THOMAS E MCELROY JR MEMBER	1 0	Х						0	0	0
DARYL W MITCHELL MEMBER	1 0	Х						0	0	0
JEFFERY W ROBERTSON MEMBER	1 0	Х						0	0	0
DR CHARLES B SIMMONS MEMBER	1 0	Х						0	0	0
HONORABLE CARL E STEWART MEMBER	1 0	Х						0	0	0
MURRAY W VISER MEMBER	1 0	Х						0	0	0
MICHAEL H WOODS MEMBER	1 0	Х						0	0	0
HARRY E MCINNIS JR MEMBER	1 0	Х						0	0	0
GEORGE D NELSON JR MEMBER	1 0	Х						0	0	0
AUSTIN G ROBERTSON JR MEMBER	1 0	Х						0	0	0
REV CAROL BORNE SPENCER MEMBER	1 0	Х						0	0	0
DR W JUAN WATKINS MEMBER	1 0	Х						0	0	0
NANCY B WORD MEMBER	1 0	Х						0	0	0
ANDREW M SHEHEE MEMBER	1 0	Х						0	0	0
DR B DAVID ROWE PRESIDENT	40 0	Х		х				87,998	0	8,129
DR KENNETH SCHWAB PRESIDENT	40 0			х				341,439	0	27,293
DR DARREL COLSON CHIEF ACADEMIC OFFICER	40 0			х				113,151	0	12,240
WILLIAM H BALLARD VP FOR FINANCE & ADMIN	40 0			х				152,813	0	14,054
DR KATHY FELL VP FOR DEVELOPMENT	40 0			Х				143,610	0	20,205

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

(A) Name and Title	(B) A verage hours per week	or director	on a Institutional Trustee	(che	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR DANIEL KECK CHIEF ACADEMIC OFFICER	40 0			х			46,667	0	2,333
DR CHRIS MARTIN DEAN FROST SCHOOL OF BUSINESS	40 0				х		102,717	0	9,853
DR SCOTT VETTER WOOLF PROFESSOR OF GEOLOGY	40 0				x		119,526	0	9,335
DR BARBARA DAVIS SAMPLE PROF OF BUSINESS ADMIN	40 0				х		102,626	0	25,920

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIPMENT RENTAL & MAINTENANCE	124,103	107,191	12,941	3,971
TUITION REMISSION	377,071	0	377,071	0
TAXES & LICENSES	24,960	119	24,756	85
DUES & MEMBERSHIPS	154,474	72,620	81,854	0
MISCELLANEOUS EXPENSES	949,445	593,568	304,109	51,768

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493125001151

OMB No 1545-0184

Form **4797** 

# **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► See separate instructions.

Attachment Sequence No 27

	ne(s) shown on return NTENARY COLLEGE O	ELOUICIAN	\				Ident if yi	ng nu	mber
- E IV	TENART COLLEGE O	r LUUISIAI	NA .				72-0408	915	
1					or 2009 on Form(s) 10 0, or 20 (see instruction		1		
Pā					e or Business and erty Held More Th				
2	(a) Description of property	(b) Date acquired (mo , day,	(c) Date sold (mo , day, yr )	<u> </u>	(e) Depreciation allowed or allowable since	(f) Cos bası ımprove	t or other s, plus ments and		(g) Gain or (loss)  otract (f) from the sum  of (d) and (e)
	OTHER ASSETS	yr)		103,664	acquisition	expens	e of sale 4,15	55	99,509
				,			,		,
3	Gain, if any, from For	n 4684, line	e 43					3	
4	Section 1231 gain fr	om ınstallme	ent sales fro	m Form 6252, line 26 o	or 37			4	
5	Section 1231 gain o	r (loss) from	lıke-kınd ex	changes from Form 88	24			5	
6	Gain, if any, from line	32, from ot	her than cas	ualty or theft				6	
7	Combine lines 2 thro	ugh 6 Enter	r the gain or	(loss) here and on the	appropriate line as follo	ws		7	99,509
	Part nerships (except	electing la	rge part nersl	nips) and S corporation	s. Report the gain or (lo hedule K, line 9 Skip li	ss) followı	•		
	from line 7 on line 11 section 1231 losses	below and s , or they wei	skıp lines 8 a re recaptured	and 9 Ifline 7 is a gair	ne 7 is zero or a loss, e n and you did not have a er the gain from line 7 a , 9, 11, and 12 below	any prior ye	ear		
8	Nonrecaptured net s	ection 1231	losses from	prior years (see instru	ictions)			8	
9	below If line 9 is mo	re than zero	, enter the ar	mount from line 8 on lir	, enter the gain from lin ie 12 below and enter tl (see instructions)	ne gaın froi		9	
Pa	rt III Ordinary G	ains and	Losses (se	ee instructions)					
10	Ordinary gains and lo	osses not in	cluded on lın	es 11 through 16 (ıncl	ude property held 1 yea	r or less)			
					+				
11	Loss, if any, from line	e 7						11	( )
12	Gain, if any, from line	7, or amoui	nt from line 8	, if applicable				12	
13	Gain, if any, from line	31						13	
14	Net gain or (loss) fro	m Form 468	4, lines 35 a	and 42a				14	
15	Ordinary gain from in	stallment sa	ales from For	m 6252, line 25 or 36				15	
16	Ordinary gain or (los	16							
17	Combine lines 10 thr	17							
18	For all except individ lines a and b below F	nd skip							
а	Enter the part of the	loss from ind y used as ai	come-produc n employee c	ing property on Sched	nn (b)(11), enter that par ule A (Form 1040), line 040), line 23 Identify a	28, and th	ne part of		
ь					on line 18a Enter here	and on For	m 1040		
					· · · · · · ·			18b	

35

9	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty							<b>(b)</b> Date acquired(mo , day, yr )	(c) Date sol (mo , day, yr )
Α										
B C										
<u>-</u>										
1	These columns relate to the properties on lines 19A through 19D	<b>.</b>	Property A	Р	roper	ty B	Prope	rty C	Pro	perty D
0	Gross sales price (Note: See line 1 before completing )	20								
L	Cost or other basis plus expense of sale	21								
<u> </u>	Depreciation (or depletion) allowed or allowable	22								
3	Adjusted basis Subtract line 22 from line 21 .	23								
ŀ	Total gain Subtract line 23 from line 20	24								
5	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the <b>smaller</b> of line 24 or 25a	25b								
5	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
a	Additional depreciation after 1975 (see instructions)	26a								
ь	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential rental property <b>or</b> line 24 is not more than line 26a, skip lines 26d and 26e	26c								
t	Additional depreciation after 1969 and before 1976	26d								
•	Enter the <b>smaller</b> of line 26c or 26d	26e								
	Sections 291 amount (corporations only)	26f								
j	Add lines 26b, 26e, and 26f	26g								
,	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
3	Soil, water, and land clearing expenses	27a								
9	Line 27a multiplied by applicable percentage (see instructions)	27b								
:	Enter the <b>smaller</b> of line 24 or 27b	27с								
	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a								
Ь	Enter the <b>smaller</b> of line 24 or 28a	28b								
)	If section 1255 property:									
3	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the <b>smaller</b> of line 24 or 29a (see instructions)	29b								
31	ımmary of Part III Gains. Complete prope			h D th	roug	h line 2	9b before		ng to line 3	0.
)	Total gains for all properties Add property column	s A th	rough D, line 24					30		
•	Add property columns A through D, lines 25b, 26g	ı, 27c,	28b, and 29b Ent	er here	e and	on line 1	3 .	31		
2	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4						nter the	32		
a	rt IV Recapture Amounts Under Section (see instructions)	ns 17	9 and 280F(b)	(2) V	Vhen			Dro		
							Section 179		(b) Sect 280F(b)	
3	Section 179 expense deduction or depreciation a	llowabl	e in prior years	1	33	-	.,,		200F(D)	~/
1	Recomputed depreciation (see instructions)				34	<del> </del>				

Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . . 35