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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization BEREA COLLEGE Doing Business As Number and street (or P O box if mail is not delivered to street address) LINCOLN HALL NO 220 Room/suite City or town, state or country, and ZIP + 4 BEREA, KY 40404	D Employer identification number 61-0444650 E Telephone number (859) 985-3082 G Gross receipts \$ 722,213,746
	F Name and address of principal officer JEFFREY S AMBURGEY LINCOLN HALL NO 220 BEREA, KY 40404	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.BEREA.EDU	
	K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶	
L Year of formation 1855		
M State of legal domicile KY		

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities POST-SECONDARY EDUCATIONAL INSTITUTION PROVIDING INSTRUCTION AND OTHER SERVICES TO STUDENTS
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	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)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,670,912
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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.	

Sign Here	***** Signature of officer	2012-05-10 Date			
	JEFFREY S AMBURGEY VICE PRESIDENT FOR FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LEIGH MCKEE	Preparer's signature LEIGH MCKEE	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ DEAN DORTON ALLEN FORD PLLC				Firm's EIN ▶
	Firm's address ▶ 106 W VINE STREET SUITE 600 LEXINGTON, KY 40507				Phone no ▶ (859) 255-2341

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

BEREA COLLEGE (THE "COLLEGE") IS A NOT-FOR-PROFIT BACCALAUREATE INSTITUTION PROVIDING A LIBERAL ARTS EDUCATION TO STUDENTS WITH LIMITED FAMILY FINANCIAL RESOURCES (CONTINUED ON SCHEDULE O PAGE 66)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 21,081,523 including grants of \$) (Revenue \$ 336,513)

INSTRUCTION - EXPENDITURES OF ACADEMIC DEPARTMENTS AND OTHER INSTRUCTION ACTIVITIES BENEFITING APPROXIMATELY 1,600 STUDENTS

4b

(Code) (Expenses \$ 8,542,113 including grants of \$) (Revenue \$ 1,795,462)

STUDENT SERVICES - STUDENT SUPPORT SERVICES SUCH AS ADMISSIONS, STUDENT LIFE, HEALTH SERVICES, LABOR PROGRAM, AND FINANCIAL AID

4c

(Code) (Expenses \$ 7,161,121 including grants of \$) (Revenue \$ 7,295,439)

RESIDENCE HALLS AND FOOD SERVICE FOR STUDENTS

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 19,278,532 including grants of \$ 2,478,434) (Revenue \$ 7,515,321)

4e

Total program service expenses \$ 56,063,289

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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 	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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b Yes	
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
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	No
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? If "Yes," complete Schedule F, Parts I and IV 	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 ? If "Yes," complete Schedule F, Parts II and IV 	15	No
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, Parts III and IV 	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 (see instructions) 	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	No
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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		No
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? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a661		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
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.	2a1,178		
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 (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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 instructions for 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?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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).				
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed ☒ KY , NH
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. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ JEFFREY S AMBURGEY LINCOLN HALL NO 220 BEREA, KY 40404 (859) 985-3082

Check if Schedule O contains a response to any question in this Part VII ☒

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.

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 10

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
STATE STREET GLOBAL ADVISORS 1 LINCOLN ST BOSTON, MA 02111	INVESTMENT MANAGER	957,139
HIRTLE CALLAGHAN & CO 300 BARR HARBOR DRIVE WEST CONSHOHOCKEN, PA 19428	INVESTMENT SERVICES	477,589
BANK OF NEW YORK MELLON ONE BNY MELLON CENTER 151-1015 500 PITTSBURGH, PA 15258	INVESTMENT CUSTODY SERVICES	245,621
THE MATALE LINE LLC 1101 ALASKAN WAY SEATTLE, WA 98101	PROFESSIONAL SERVICES	220,440
SEIX ADVISORS 10 MOUNTAINVIEW ROAD UPPER SADDLE RIVER, NJ 07458	INVESTMENT MANAGER	152,082
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶6		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,067,225			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,273,191			
	g	Noncash contributions included in lines 1a-1f \$		519,789			
	h	Total. Add lines 1a-1f		27,340,416			
	Program Service Revenue			Business Code			
2a		RESIDENCE/FOOD SVC REV	721310	7,295,439	7,295,439		
b		GRANTS FOR EDUC FEES	611710	3,650,000	3,650,000		
c		BOONE TAVERN	721110	2,334,752	2,334,752		
d		FEES/INS PD BY STDNTS	611710	1,491,227	1,491,227		
e		OH FROM GOVT CONTRACTS	611710	405,261	405,261		
f		All other program service revenue		1,828,482	1,591,397	237,085	
g		Total. Add lines 2a-2f		17,005,161			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		19,615,514		1,329,140
	4	Income from investment of tax-exempt bond proceeds				18,286,374	
	5	Royalties		27,155		27,155	
	6a	Gross Rents	(i) Real	(ii) Personal			
			497,503				
		b	Less rental expenses				
			215,994				
	c	Rental income or (loss)					
		281,509					
	d	Net rental income or (loss)		281,509		281,509	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			655,208,464	163,116			
		b	Less cost or other basis and sales expenses				
			620,387,477	88,008			
	c	Gain or (loss)					
		34,820,987	75,108				
d	Net gain or (loss)		34,896,095		34,896,095		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a						
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a		1,299,838				
b	Less cost of goods sold	b	1,223,036				
c	Net income or (loss) from sales of inventory		76,802		76,802		
Miscellaneous Revenue		Business Code					
11a	CHILD DEVELOPMENT LAB	624410	457,355		457,355		
b	GIFT ANNUITY ADMIN	525990	138,107	138,107			
c	HEALTH SERVICE	900099	131,176	131,176			
d	All other revenue		329,941	227,535	102,406		
e	Total. Add lines 11a-11d		1,056,579				
12	Total revenue. See Instructions		100,299,231	17,264,894	1,566,225	54,127,696	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	667,820	667,820		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,478,434	2,478,434		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,471,315	377,867	882,097	211,351
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,150,126	18,243,713	5,071,787	1,834,626
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,520,980	1,082,572	327,476	110,932
9	Other employee benefits	2,034,856	1,448,328	438,116	148,412
10	Payroll taxes	1,591,806	1,132,983	342,725	116,098
a	Fees for services (non-employees)				
	Management				
b	Legal	7,839		7,839	
c	Accounting	125,413		125,413	
d	Lobbying	20,091	20,091		
e	Professional fundraising services See Part IV, line 17	76,258			76,258
f	Investment management fees	2,209,369		2,209,369	
g	Other				
12	Advertising and promotion	101,034	94,741	6,293	
13	Office expenses	509,682	478,945	19,813	10,924
14	Information technology	1,724,386	623,078	1,101,308	
15	Royalties				
16	Occupancy	5,553,960	5,294,836	206,130	52,994
17	Travel	824,747	746,200	18,992	59,555
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,397,066	2,192,036	195,941	9,089
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,630,232	6,176,549	453,683	
23	Insurance	360,143	115,541	241,038	3,564
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	RESIDENCE HALLS AND FOO	4,735,849	4,735,849		
b	OUTREACH PROGRAMS	3,514,554	3,514,554		
c	BOONE TAVERN	2,257,328	2,257,328		
d	REPAIRS & MAINTENANCE	925,163	853,753	57,593	13,817
e	PRINTING & PUBLICATION	251,924	205,619	23,013	23,292
f	All other expenses	3,767,389	3,322,452	444,937	
25	Total functional expenses. Add lines 1 through 24f	70,907,764	56,063,289	12,173,563	2,670,912
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			40,837,127	2	49,615,614
	3	Pledges and grants receivable, net			10,707,073	3	9,507,905
	4	Accounts receivable, net			1,785,669	4	1,701,272
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,297,289	8	1,199,901
	9	Prepaid expenses and deferred charges			1,698,898	9	1,168,763
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	208,613,040			
	b	Less: accumulated depreciation	10b	65,536,283	147,068,227	10c	143,076,757
	11	Investments—publicly traded securities			627,629,400	11	717,354,700
	12	Investments—other securities. See Part IV, line 11			264,597,600	12	313,447,600
	13	Investments—program-related. See Part IV, line 11			1,540,039	13	1,394,638
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,262,097	15	2,409,919
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,099,423,419	16	1,240,877,069	
Liabilities	17	Accounts payable and accrued expenses			9,818,073	17	6,814,028
	18	Grants payable				18	
	19	Deferred revenue			141,973	19	182,428
	20	Tax-exempt bond liabilities			61,560,567	20	57,920,634
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			17,547,336	25	16,931,651
	26	Total liabilities. Add lines 17 through 25			89,067,949	26	81,848,741
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			661,168,384	27	522,911,190
	28	Temporarily restricted net assets			91,832,128	28	366,689,029
	29	Permanently restricted net assets			257,354,958	29	269,428,109
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,010,355,470	33	1,159,028,328
34	Total liabilities and net assets/fund balances			1,099,423,419	34	1,240,877,069	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,299,231
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,907,764
3	Revenue less expenses Subtract line 2 from line 1	3	29,391,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,010,355,470
5	Other changes in net assets or fund balances (explain in Schedule O)	5	119,281,391
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,159,028,328

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization BEREA COLLEGE	Employer identification number 61-0444650
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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)
- f

☐

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
- g

☐

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?

11g(i)

☐

☐

(ii)

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

11g(ii)

☐

☐

(iii)

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

11g(iii)

☐

☐

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 61-0444650

Name: BERE A COLLEGE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLUMS VICKIE E TRUSTEE	2 00	X						0	0	0
BEASON CHARLOTTE F TRUSTEE	2 00	X						0	0	0
BLADE VANCE TRUSTEE	2 00	X						0	0	0
BLAIR NANCY TRUSTEE	2 50	X						0	0	0
BRIDY JOSEPH JOHN TRUSTEE	2 00	X						0	0	0
CALDWELL LYNNE BLANKENSHIP TRUSTEE	2 00	X						0	0	0
CHOW DAVID H TRUSTEE	2 00	X						0	0	0
CULBRETH M ELIZABETH TRUSTEE	2 00	X						0	0	0
DAVID CHELLA S TRUSTEE	2 00	X						0	0	0
FLEMING JOHN E TRUSTEE	2 00	X						0	0	0
FUHRMAN GLENN R TRUSTEE	2 50	X						0	0	0
HALE JERRY B TRUSTEE	2 00	X						0	0	0
HALL DONNA S TRUSTEE	2 00	X						0	0	0
JENKINS SCOTT M TRUSTEE	2 50	X						0	0	0
JENNINGS GLENN R TRUSTEE	2 00	X						0	0	0
JOHNSON SHAWN TRUSTEE	2 50	X						0	0	0
LARSEN BRENDA TODD TRUSTEE	2 00	X						0	0	0
LEWIS JIM TRUSTEE	2 00	X						0	0	0
LOWE JR EUGENE Y TRUSTEE	2 50	X						0	0	0
MAY-PLATTNER ELISSA TRUSTEE	2 50	X						0	0	0
MOSES HAROLD L TRUSTEE	2 50	X						0	0	0
ORR DOUGLAS M TRUSTEE	2 00	X						0	0	0
PHILLIPS THOMAS W TRUSTEE	2 00	X						0	0	0
RICHARDSON WILLIAM B TRUSTEE	2 00	X						0	0	0
ROOP DENNIS R TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SEABURY II CHARLES WARD TRUSTEE	2 00	X						0	0	0	
SHELTON DAVID E CHAIR	7 00	X						0	0	0	
THOMPSON TYLER S TRUSTEE	2 00	X						0	0	0	
WELCH DAVID O TRUSTEE	2 50	X						0	0	0	
WILLIAMS DAWNEDA F TRUSTEE	2 00	X						0	0	0	
WOODS EUGENE A TRUSTEE	2 00	X						0	0	0	
WULSIN DRAUSIN F TRUSTEE	2 00	X						0	0	0	
YAHNG ROBERT T TRUSTEE	2 00	X						0	0	0	
ZEIGLER STEPHANIE BOWLING TRUSTEE	2 00	X						0	0	0	
SHINN LARRY D PRESIDENT	60 00			X				268,200	0	64,255	
BROWNER STEPHANIE ACADEMIC VP & DEAN OF FACULTY	50 00			X				157,570	0	20,284	
LARAMEE WILLIAM VP FOR ALUMNI & COLLEGE RE	50 00			X				143,417	0	20,587	
KARCHER STEVEN D VP FOR OPER & SUSTAINABILITY	50 00			X				145,365	0	20,865	
AMBURGEY JEFFREY S VICE PRESIDENT FOR FINANCE	50 00			X				132,821	0	19,866	
WOLFORD GAIL W VP FOR LABOR & STUDENT LIF	50 00			X				128,333	0	14,430	
WILSON II JUDGE B SECRETARY/GENERAL COUNSEL	40 00			X				210,411	0	26,621	
BAGNOLI JOSEPH DEAN OF ENROLLMENT & ACAD SV	40 00					X		114,777	0	18,461	
HACKBERT PETER PROFESSOR/CO-DIR OF EPG	40 00					X		106,052	0	12,095	
LYMPANY JOHN A CHIEF INFORMATION OFFICER	40 00					X		122,460	0	18,629	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 6,821,093	including grants of \$	(Revenue \$ 1,034,746)	ACADEMIC SUPPORT - INCLUDES EXPENDITURES FOR THE PROVOST AND DEAN'S OFFICE, LIBRARY, STUDENT LAPTOP COMPUTER PROGRAM, AND OTHER RELATED ACTIVITIES THAT SUPPORT THE INSTRUCTIONAL MISSION OF THE COLLEGE
(Code)	(Expenses \$ 6,545,482	including grants of \$	(Revenue \$ 495,823)	PUBLIC SERVICE - INCLUDES EXPENDITURES FOR THE UPWARD BOUND PROGRAM, EDUCATIONAL TALENT SEARCH, GEAR UP PROGRAM, CONTINUING EDUCATION, EXTENSION AND OUTREACH PROGRAMS, AND COMMUNITY ASSISTANCE PROGRAMS THAT SUPPORT THE INSTITUTION'S MISSION OF SERVICE
(Code)	(Expenses \$ 3,433,523	including grants of \$	(Revenue \$ 2,334,752)	STUDENT INDUSTRIES COST OF OPERATIONS (EXCLUDING COST OF SALES) WHICH PROVIDE LABOR OPPORTUNITIES FOR STUDENTS
(Code)	(Expenses \$ 2,478,434	including grants of \$ 2,478,434	(Revenue \$ 3,650,000)	STUDENT AID - EXPENDITURES FOR SCHOLARSHIPS, GRANTS, AND AWARDS TO STUDENTS EXPENSES REPORTED INCLUDE PRIMARILY DIRECT STUDENT AID TO ASSIST WITH ROOM AND BOARD, BOOKS AND SUPPLIES IN ADDITION, ALL DEGREE-SEEKING BEREA COLLEGE STUDENTS RECEIVE A FULL-TUITION SCHOLARSHIP, ALSO KNOWN AS A COST OF EDUCATION SCHOLARSHIP, THAT IS FUNDED PRIMARILY FROM THE SPENDABLE RETURN FROM THE ENDOWMENT THE AMOUNT OF FULL-TUITION SCHOLARSHIPS FOR THE FISCAL YEAR WAS \$38,664,950 THESE EXPENSES ARE INCLUDED IN THE AREAS OF INSTRUCTION, STUDENT SERVICES, ACADEMIC SUPPORT, ETC

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.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BEREA COLLEGE	Employer identification number 61-0444650
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$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 line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		20,091
	j Total lines 1c through 1i			20,091
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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 political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	GENERAL LOBBYING OF US CONGRESS IN SUPPORT OF EDUCATION RELATED APPROPRIATION PROJECTS WORK COLLEGES LOBBYING SERVICES PROVIDED BY ARENT FOX LLC IN THE AMOUNT OF \$20,091

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
BEREA COLLEGE

Employer identification number

61-0444650

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	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	
	☐ Yes ☐ No	

Part II

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

1

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

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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.

1a	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	
b	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	▶ \$ 18,000
	(ii) Assets included in Form 990, Part X	▶ \$ 4,097,531
2	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	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☒ Other EDUCATION

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	846,776,300	791,209,800	1,023,254,700	
b	Contributions	13,830,697	16,658,598	30,496,973	
c	Investment earnings or losses	166,222,757	89,200,667	-210,215,725	
d	Grants or scholarships	37,933,666	38,192,611	37,489,192	
e	Other expenditures for facilities and programs	7,951,819	10,100,766	13,058,517	
f	Administrative expenses	2,209,369	1,999,388	1,778,439	
g	End of year balance	978,734,900	846,776,300	791,209,800	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 43 980 %

b

Permanent endowment ▶ 55 990 %

c

Term endowment ▶ 0 030 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,736,391		1,736,391
b Buildings		188,647,194	57,715,368	130,931,826
c Leasehold improvements				
d Equipment		14,131,924	7,820,915	6,311,009
e Other		4,097,531		4,097,531
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				143,076,757

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	100,299,231
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	70,907,764
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,391,467
4	Net unrealized gains (losses) on investments	4	116,901,031
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,380,360
9	Total adjustments (net) Add lines 4 - 8	9	119,281,391
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	148,672,858

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	216,331,849
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	116,901,031
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	6,145,674
e	Add lines 2a through 2d	2e	123,046,705
3	Subtract line 2e from line 1	3	93,285,144
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,209,369
b	Other (Describe in Part XIV)	4b	4,804,718
c	Add lines 4a and 4b	4c	7,014,087
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	100,299,231

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	67,658,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,439,030
e	Add lines 2a through 2d	2e	1,439,030
3	Subtract line 2e from line 1	3	66,219,961
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,209,369
b	Other (Describe in Part XIV)	4b	2,478,434
c	Add lines 4a and 4b	4c	4,687,803
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	70,907,764

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLEGE ART COLLECTION WAS ESTABLISHED IN 1935 AS A TEACHING COLLECTION WITH THE PURPOSE OF PROVIDING BEREA COLLEGE STUDENTS WITH THE BEST EXAMPLES OF ART AND ARTIFACTS FROM AROUND THE WORLD CURRENTLY,THE ART COLLECTION IS MADE UP OF MORE THAN 12,000 PIECES OF ART AND ARTIFACTS OF CULTURAL SIGNIFICANCE INCLUDED IN THE COLLECTION ARE PAINTINGS AND PRINTS BY EUROPEAN MASTERS, CONTEMPORARY POTTERY, APPALACHIAN TEXTILES, JAPANESE AND CHINESE PRINTS AND SCROLLS, COINS, MEDALS, AND JEWELRY, COSTUMES AND ACCESSORIES, DOLLS, TOYS, MUSICAL INSTRUMENTS, AND TOOLS AND WEAPONS THE BEREA COLLEGE ART COLLECTION IS MADE ACCESSIBLE TO THE CAMPUS AND SURROUNDING COMMUNITIES WITH THE GOAL OF PROVIDING RICH OPPORTUNITIES TO EXPERIENCE THE VISUAL ARTS FOR ALL OF THE COMMUNITIES THAT BEREA COLLEGE SERVES BEREA COLLEGE'S APPALACHIAN ARTIFACTS AND EXHIBITS STUDIO MAINTAINS AND MAKES AVAILABLE A COLLECTION OF ARTIFACTS TO SUPPORT TEACHING AND RESEARCH ON APPALACHIA THE APPALACHIAN ARTIFACTS COLLECTION CONTAINS NEARLY 3,000 OBJECTS DOCUMENTING LIFE IN THE REGION ARTIFACT COLLECTIONS HIGHLIGHTS INCLUDE MOUNTAIN REGION LIFE CIRCA 1850-1940, REGIONAL CRAFT TRADITIONS, ESPECIALLY TEXTILES, POTTERY AND WOODWORKING, STEREOTYPES OF APPALACHIAN PEOPLE, AND BEREA COLLEGE HISTORY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BEREA COLLEGE (THE COLLEGE) PROVIDES A LIBERAL ARTS EDUCATION TO STUDENTS WITH LIMITED FAMILY FINANCIAL RESOURCES PRIMARILY FROM THE SOUTHERN APPALACHIAN MOUNTAIN REGION, FROM WHICH IT DRAWS 75% - 80% OF ITS STUDENTS THE BALANCE COMES FROM ALL STATES IN THE U S AND IN A TYPICAL YEAR, FROM MORE THAN 60 OTHER COUNTRIES ALL STUDENTS ARE PROVIDED A FULL TUITION SCHOLARSHIP AND, ACCORDINGLY, THE COLLEGE IS DEPENDENT ON GIFTS AND DONATIONS TO HELP PROVIDE A LOW COST BUT HIGH QUALITY EDUCATION THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE COLLEGE FOLLOWS THE POLICY OF DESIGNATING ALL UNRESTRICTED BEQUESTS AS ADDITIONS TO THE TUITION REPLACEMENT FUNDS AS OF JUNE 30, 2011, THE COLLEGE HAS APPROXIMATELY 4,600 INDIVIDUAL ENDOWMENT FUNDS OF WHICH APPROXIMATELY 1,900 ARE DONOR-RESTRICTED FUNDS THAT ARE USED TO PROVIDE FUNDING FOR COST OF EDUCATION FOR STUDENTS, DIRECT STUDENT AID, VARIOUS ACADEMIC SUPPORT PROGRAMS, AND OTHER RESTRICTED USES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	BEREA COLLEGE HAS A DETERMINATION FROM THE INTERNAL REVENUE SERVICE THAT IT IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GAAP REQUIRES THE COLLEGE TO EVALUATE TAX POSITIONS TAKEN BY THE COLLEGE AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TAKEN AN UNCERTAIN POSITION THAT MORE THAN LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS THE COLLEGE HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE COLLEGE BELIEVES IT IS NO LONGER SUBJECT TO INCOME EXAMINATIONS FOR YEARS PRIOR TO 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN ANNUITY PAYMENT LIABILITY OF ANNUITY CONTRACTS -58,719 CHANGE IN FUNDS HELD IN TRUST BY OTHERS 3,413,800 ANNUITY PAYMENTS -1,974,021 INTEREST RATE SWAPS 999,300
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES NETTED AGAINST INCOME ON 990 1,223,036 RENTAL EXPENSES NETTED AGAINST INCOME ON 990 215,994 CURRENT YEAR'S ADJUSTMENT ON FUTURE ANNUITY PAYMENTS 293,544 CHANGE IN FUNDS HELD BY OTHERS 3,413,800 INTEREST RATE SWAPS 999,300
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT AID GRANTS NETTED AGAINST INCOME ON FINANCIAL STATEMENTS 2,478,434 PAYMENTS TO ANNUITANTS 1,974,021 MATURED AGREEMENT TRANSFER TO THIRD PARTY 352,263
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES NETTED AGAINST INCOME ON 990 1,223,036 RENTAL EXPENSES NETTED AGAINST INCOME ON 990 215,994
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT AID GRANTS NETTED AGAINST INCOME ON FINANCIAL STATEMENTS 2,478,434

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I

1

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

4

Does the organization maintain the following?

a

Records indicating the racial composition of the student body, faculty, and administrative staff?

b

Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d

Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain If you need more space, use Part II

5

Does the organization discriminate by race in any way with respect to

a

Students' rights or privileges?

b

Admissions policies?

c

Employment of faculty or administrative staff?

d

Scholarships or other financial assistance?

e

Educational policies?

f

Use of facilities?

g

Athletic programs?

h

Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a

Does the organization receive any financial aid or assistance from a governmental agency?

b

Has the organization's right to such aid ever been revoked or suspended?

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 Part II

YES

NO

1

Yes

2

Yes

3

No

4a

Yes

4b

Yes

4c

Yes

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

Yes

6b

No

7

Yes

Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50085D

Schedule E (Form 990 or 990-EZ) 2010

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	BEREA COLLEGE IS EXEMPT FROM PUBLICIZING ITS NONDISCRIMINATORY POLICY BY NEWSPAPER OR BROADCAST MEDIA BECAUSE IT CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF STUDENTS FROM LARGE GEOGRAPHIC SECTIONS OF THE UNITED STATES. ADDITIONALLY, IT CURRENTLY ENROLLS MEANINGFUL NUMBERS OF RACIAL MINORITIES. ITS PROMOTIONAL & RECRUITING EFFORTS ARE REASONABLY INTENDED TO INFORM STUDENTS OF ALL RACIAL SEGMENTS OF THE AVAILABILITY OF SCHOOL.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	BEREA COLLEGE RECEIVES FEDERAL STUDENT AID ON BEHALF OF ENROLLED STUDENTS. THE COLLEGE ALSO RECEIVES AN APPROPRIATION THROUGH ITS DESIGNATION AS A WORK COLLEGE.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
BEREA COLLEGE

Employer identification number

61-0444650

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		10,745,359
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		138,060,624
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	INSTRUCTION	74,567
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	INSTRUCTION	42,872
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	INSTRUCTION	62,220
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	STUDY ABROAD	27,362
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	STUDY ABROAD	67,551
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	STUDY ABROAD	130,258
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	STUDY ABROAD	5,844
NORTH AMERICA	0	0	PROGRAM SERVICE	STUDY ABROAD	33,638
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICE	STUDY ABROAD	1,980
SOUTH AMERICA	0	0	PROGRAM SERVICE	STUDY ABROAD	27,750
SUB-SAHARAN AFRICA	0	0	PROGAM SERVICE	STUDY ABROAD	26,732
3a Sub-total	0	0			149,210,813
b Total from continuation sheets to Part I	0	0			95,944
c Totals (add lines 3a and 3b)	0	0			149,306,757

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 61-0444650
Name: BERE A COLLEGE

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
		☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
		7 Direct expense summary Add lines 2 through 5 in column (d) ▶			
		8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

☐ Yes ☐ No

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 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE COLLEGE HIRED A PROFESSIONAL FUNDRAISER TO BENCHMARK WITH SIMILAR INSTITUTIONS, REVIEW DEPARTMENTAL STRUCTURE, FUNCTIONS, ETC AND MAKE OBSERVATIONS AND RECOMMENDATIONS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEREA COLLEGE

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

61-0444650

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶ 33

3

Enter total number of other organizations

▶ 0

Part 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.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS/STUDENT AID GRANTS - INCLUDES PRIMARILY ROOM AND BOARD, BOOKS & SUPPLIES ASSISTANCE. THE AMOUNT OF FULL TUITION SCHOLARSHIPS FOR THE FISCAL YEAR WAS \$38,664,950	1619	2,478,434			N/A

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANT APPLICATIONS ARE KEPT IN STORAGE FOR SEVEN YEARS WITH HARD COPY AND ELECTRONIC WHEN AVAILABLE PREVIOUSLY UNFUNDED APPLICANTS FOR GRANT MONIES FROM BERE A COLLEGE APPALACHIAN FUND (BCAF) FOLLOW CRITERIA AND A FORMAT WHICH ARE CLEARLY STATED ON THE PROGRAM WEBSITE PREVIOUSLY UNFUNDED APPLICANTS MUST PROVIDE A DETAILED REPORT ON THE USE OF THE PREVIOUS YEAR'S GRANT FUNDING THIS FORMAT AND CRITERIA ARE LOCATED ON THE SAME LOCATION OF THE BCAF WEBSITE IN ADDITION, THE BCAF SPONSORS A GRANTEE CONFERENCE EACH SPRING WHEN ALL GRANTEES FOR THAT YEAR MEET AND CONDUCT PUBLIC PRESENTATIONS OF THEIR GRANT FUNDED WORK THE BCAF IS IN REGULAR CONTACT WITH GRANTEES THROUGHOUT THE YEAR, VISITING EACH NEW GRANTEE AND REPEAT GRANTEES WHERE POSSIBLE FEDERAL, STATE, INSTITUTIONAL AND OTHER GRANTS ARE AWARDED TO STUDENTS BASED ON FINANCIAL INFORMATION GAINED FROM THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) THAT IS COMPLETED EACH YEAR A THIRD-PARTY SOFTWARE VENDOR PROVIDES THE FEDERAL REGULATIONS BY WHICH GRANTS ARE GIVEN THE FAFSA INFORMATION COMES FROM ELECTRONIC FILES WHICH ARE PASSWORD PROTECTED ALL STUDENT APPLICATIONS FOR GRANTS ARE STORED ELECTRONICALLY AND ARE PASSWORD PROTECTED DISBURSEMENTS ARE REVIEWED DAILY TO INSURE ACCURACY

Software ID:
Software Version:
EIN: 61-0444650
Name: BERE A COLLEGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DAVID SCHOOLPO BOX 1 DAVID,KY 41616	31-0889471	501(C)(3)	30,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
FRONTIER NURSING SERVICE132 FNS DR WENDOVER,KY 41775	61-1124266	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDERSON SETTLEMENT INCPO BOX 205 FRAKES,KY 40940	61-0674965	501(C)(3)	25,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
HINDMAN SETTLEMENT SCHOOL INCPO BOX 844 HINDMAN,KY 41822	61-0447248	501(C)(3)	40,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOT SPRINGS HEALTH PROGRAMPO BOX 69-590 MEDICAL PARK DR MARSHALL,NC 28753	56-0986537	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
LEND A HAND CENTER 3234 KY 718 WALKER,KY 40997	61-0675390	501(C)(3)	13,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED BIRD MISSION INC70 QUEENDALE CENTER BEVERLY,KY 40913	61-0674373	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
RED BIRD MOUNTAIN MEDICAL CENTER53 QUEENDALE CENTER BEVERLY,KY 40913	61-0945454	501(C)(3)	25,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE CARE PLUS208 KIDD DRIVE BEREА,KY 40403	31-1038258	501(C)(3)	17,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
UNIVERSITY OF KENTUCKY-DIABETES IN CHILDERN219 STURGILL DEVELOPMENT BUILDING LEXINGTON,KY 40506	61-6001218	501(C)(3)	17,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEREA HOSPITAL LIGHTS FOR LIFE305 ESTILL STREET BEREA,KY 40403	61-0624017	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
NEW OPPORTUNITY SCHOOL204 CHESTNUT STREET BEREA,KY 40403	61-1323868	501(C)(3)	25,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL SISTERS OF ST FRANCIS1501 LAYTON BLVD MILWAUKEE,WI 53215	39-1594407	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
PAINT LICK FAMILY CLINIC INC11652 HWY 52 PO BOX 65 PAINT LICK,KY 40461	61-1362819	501(C)(3)	32,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE PLACE-PIKE CO DOMESTIC VIOLENCE SHELTERPO BOX 2916 PIKEVILLE,KY 41502	61-1290396	501(C)(3)	25,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
BIG SANDY AREA CHILD ADVOCACY CENTER128 SOUTH COLLEGE ST PIKEVILLE,KY 41501	61-1366084	501(C)(3)	12,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE MOUNTAIN SETTLEMENT SCHOOL36 HIGHWAY 510 BLEDSOE,KY 40810	61-0444789	501(C)(3)	21,070				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
CHILDREN'S CENTER OF THE CUMBERLANDPO BOX 4314 ONEIDA,TN 37841	62-1873070	501(C)(3)	15,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL DIOCESE OF LEXINGTON635 MAXWELTON COURT LEXINGTON,KY 40508	61-0536772	501(C)(3)	12,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
LOTTS CREEK COMMUNITY SCHOOL 5837 LOTTS CREEK ROAD HAZARD,KY 41701	61-0482965	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY HOUSE ABUSE SHELTERPO BOX 864 SOMERSET,KY 42502	61-1276558	501(C)(3)	17,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
HAZARD MEDICAL EDUCATION FOUNDATION 750 MORTON BLVD HAZARD,KY 41701	16-1673654	501(C)(3)	7,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALSHOP INC91 MADISON AVE WHITESBURG,KY 41858	61-0890210	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
							SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON COUNTY HOME ENERGY IMPROVEMENT PROGRAM INC108 HIGH STREET BERE A,KY 40403	26-4077682	501(C)(3)	7,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
KENTUCKY APPALACHIAN ARTISAN16 WEST MAIN STREET HINDMAN,KY 41822	61-1369294	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY COMMUNITIES ECONOMIC OPPPORTUNITY COUNCIL INC5448 US 25E SUITE A GRAY,KY 40734	61-0647835	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
KIDS FIRST DENTAL SERVICES119 PINE STREET BARBOURVILLE,KY 40906	26-4710594	501(C)(3)	7,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY100 IRELAND WAY STE 300 BIRMINGHAM,AL 35205	64-0329009	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
							SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT MISSION INC P O BOX 232 DAVID,KY 41616	61-0961940	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
CHILD INC211 BRIDGE ST MANCHESTER,KY 40962	20-2468005	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG UGLY COMMUNITY CENTER1701 5TH AVENUE CHARLESTON,WV 25312	55-0746556	501(C)(3)	15,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
HIGH ROCKS EDUCATIONAL CORPHC 64 BOX 438 HILLSBORO,WV 24946	55-0743755	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION CHURCH213 PROSPECT ST BERE A,KY 40403	61-0444677	501(C)(3)	213,750				SUPPORT RENOVATION OF STRUCTURE ADJACENT TO CAMPUS THAT IS FREQUENTLY USED BY COLLEGE GROUPS AND IN WHICH THE COLLEGE HAS A CONTINGENT REMAINDER PROPERTY INTEREST AND IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
BEREA COLLEGE

Employer identification number

61-0444650

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☒ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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 ☒ Written employment contract ☒ Compensation survey or study ☒ 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		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	8	No
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 duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHINN LARRY D	(i)	267,822	0	378	42,686	21,569	332,455	0
	(ii)	0	0	0	0	0	0	0
(2) BROWNER STEPHANIE	(i)	140,790	0	16,780	12,530	7,754	177,854	0
	(ii)	0	0	0	0	0	0	0
(3) LARAMEE WILLIAM	(i)	143,417	0	0	12,770	7,817	164,004	0
	(ii)	0	0	0	0	0	0	0
(4) KARCHER STEVEN D	(i)	145,365	0	0	13,040	7,825	166,230	0
	(ii)	0	0	0	0	0	0	0
(5) AMBURGEY JEFFREY S	(i)	132,821	0	0	12,068	7,798	152,687	0
	(ii)	0	0	0	0	0	0	0
(6) WILSON II JUDGE B	(i)	210,411	0	0	18,822	7,799	237,032	0
	(ii)	0	0	0	0	0	0	0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT OF BEREA COLLEGE IS REQUIRED TO LIVE IN CAMPUS PROVIDED HOUSING TO ALLOW THE PRESIDENT TO BE AVAILABLE FOR ALL COLLEGE AND CAMPUS NEEDS. BEREA COLLEGE IS RESPONSIBLE FOR FURNISHING AND MAINTAINING THE HOUSE FOR THE PRESIDENT. THE PRESIDENT RECEIVES CHEF SERVICES WHEN PREPARING FOR OFFICIAL MEETINGS AND EVENTS. THE EMPLOYMENT AGREEMENT FOR THE VICE PRESIDENT FOR FINANCE ALLOWS FOR THE REIMBURSEMENT OF TRAVEL EXPENSES FOR AN INDIVIDUAL ACCOMPANYING THE VICE PRESIDENT DURING TRAVEL TO PROVIDE ASSISTANCE NEEDED DUE TO PHYSICAL DISABILITIES. CURRENTLY, THE PRIMARY PERSON PROVIDING THIS ASSISTANCE IS THE SPOUSE OF THE VICE PRESIDENT, HOWEVER THIS ASSISTANCE IS NOT LIMITED TO A PARTICULAR INDIVIDUAL. THE EMPLOYMENT AGREEMENT FOR THE VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS INCLUDES AUTHORIZATION FOR SPOUSAL TRAVEL WHEN THE SPOUSE'S PRESENCE IS REQUIRED AT A FUNCTION DIRECTLY LINKED TO DEVELOPMENT ACTIVITIES.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047		
											2010		
	Department of the Treasury Internal Revenue Service											Open to Public Inspection	
Name of the organization BEREA COLLEGE										Employer identification number 61-0444650			

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787	083536BE1	12-11-2003	10,240,000	VARIOUS CAPITAL PROJECTS & REFUND BONDS ISSUED 3/16/1994		X		X		X
B CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787	083536BW1	09-27-2005	8,939,461	CENTRAL HEAT PLANT AND VARIOUS CAPITAL RETROFITS		X		X		X
C CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787	083536BD3	07-08-2003	21,324,607	REFUND BONDS ISSUED 6/6/2001 FOR VARIOUS CAPITAL PROJECTS		X		X		X
D CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787		07-07-2008	4,500,000	EMERY BUILDING RENOVATION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,965,000		1,425,000		3,805,000		974,366	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,253,342		9,064,215		21,324,607		4,636,531	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	136,531						136,531	
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	151,710				151,710			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,017,092		9,064,215				4,000,244	
11	Other spent proceeds	5,236,250				21,172,897		499,756	
12	Other unspent proceeds								
13	Year of substantial completion	2004		2006		2003		2009	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	UBS AG							
c	Term of hedge	25 500000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART II, LINE 3		SCHEDULE 1 - PROCEEDS INCLUDE THE FOLLOWING INVESTMENT EARNINGS AMOUNTS COLUMN A \$13,342 COLUMN B \$124,754 COLUMN D \$136,531

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEREA COLLEGE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
61-0444650

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF BERA KENTUCKY (SCHEDULE 2)	61-6001787		12-29-2010	7,330,000	REFUND BONDS ISSUED 1997, 1998 AND 2000 FOR VARIOUS CAPITAL PROJECTS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	755,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	7,330,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	7,330,000							
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number

61-0444650

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STATE STREET GLOBAL ADVISORS	TRUSTEE	957,139	SSGA FEES SHAWN JOHNSON IS A TRUSTEE OF BEREA COLLEGE, AND IS A KEY EMPLOYEE OF STATE STREET GLOBAL ADVISORS, WHICH IS ONE OF THE COLLEGE'S ENDOWMENT INVESTMENT MANAGERS BOARD MINUTES WILL SHOW THAT MR JOHNSON RECUSES HIMSELF FROM ANY DECISIONS PERTAINING TO STATE STREET GLOBAL ADVISERS DURING INVESTMENT COMMITTEE MEETINGS AMOUNT OF TRANSACTION INCLUDES INVESTMENT FEES PAID TO STATE STREET FOR FYE 6/30/11 NO FEES WERE PAID TO MR JOHNSON BY THE COLLEGE		No
(2) NANCY SHINN	PRESIDENT'S SPOUSE	34,150	SALARY NANCY SHINN IS THE SPOUSE OF PRESIDENT LARRY D SHINN AND IS EMPLOYED BY BEREA COLLEGE AS SPECIAL ASSISTANT TO THE PRESIDENT COMPENSATION AND BENEFITS ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DUTIES INCLUDE PARTICIPATING AS A MEMBER OF OFFICIAL COLLEGE DELEGATIONS, REPRESENTING THE COLLEGE AT A VARIETY OF INSTITUTIONAL, COMMUNITY, STATE, AND NATIONAL EVENTS, OFFICIATING OR HOSTING COLLEGE CEREMONIES AND CELEBRATIONS FOR FACULTY, STAFF, STUDENTS, ALUMNI, AND THE BROADER COMMUNITY, ATTENDING EDUCATIONAL CONFERENCES AND PROFESSIONAL MEETINGS NATIONALLY AND INTERNATIONALLY, ASSISTING THE PRESIDENT, AS APPROPRIATE, IN THE CULTIVATION OF GIFTS TO THE COLLEGE THROUGH PRIVATE DONORS, FOUNDATIONS AND BUSINESS ORGANIZATIONS, AND OTHER RESPONSIBILITIES AS ASSIGNED		No
(3) STEPHEN PULSFORD	DEAN'S SPOUSE	62,630	SALARY STEPHEN PULSFORD IS THE SPOUSE OF DEAN OF THE FACULTY STEPHANIE BROWNER, AND IS EMPLOYED BY BEREA COLLEGE AS ASSOCIATE PROFESSOR		No
(4) NOREEN KARCHER	VICE PRESIDENT'S SPOUSE	17,310	SALARY NOREEN KARCHER IS THE SPOUSE OF VICE PRESIDENT FOR OPERATIONS AND SUSTAINABILITY STEVEN D KARCHER, AND IS EMPLOYED BY BEREA COLLEGE AS A FINANCIAL AID SPECIALIST		No
(5) DELTA NATURAL GAS	TRUSTEE	815,098	DELTA GAS GLENN JENNINGS IS A TRUSTEE OF BEREA COLLEGE, AND THE CHAIRMAN OF THE BOARD, PRESIDENT, AND CEO OF DELTA NATURAL GAS COMPANY, INC AND ITS THREE WHOLLY-OWNED SUBSIDIARY COMPANIES DELTA SELLS GAS TO THE COLLEGE AND TRANSPORTS FOR ONE OF THE SUBSIDIARY COMPANIES, DELTA RESOURCES, INC DELTA RESOURCES SELLS GAS TO THE COLLEGE		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	1	18,000	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		8,515	FAIR MARKET VALUE
5 Clothing and household goods	X		2,500	FAIR MARKET VALUE
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	40	430,781	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles	X	6	8,009	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .	X	4	5,633	FAIR MARKET VALUE
25 Other ► (MISCELLANEOUS)	X	2	338	FAIR MARKET VALUE
26 Other ► (COMPUTER EQUIPMENT)	X	2	29,706	FAIR MARKET VALUE
27 Other ► (SUPPLIES FOR ART DEPARTMENT)	X	2	1,650	FAIR MARKET VALUE
28 Other ► (TOOLS FOR STUDENT CRAFTS)	X	2	14,657	FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	3		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in 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.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization BEREA COLLEGE	Employer identification number 61-0444650
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		IN FEBRUARY 2011, THE BOARD OF TRUSTEES ADOPTED CHANGES TO SECTIONS 5, 6 AND 15 OF THE COLLEGE'S BY LAWS DELETING THE NECESSITY OF FORMAL BOARD APPROVAL FOR THE FALL AND SPRING LISTS OF DEGREE CANDIDATES. INSTEAD, THE PRESIDENT AND/OR ACADEMIC VICE PRESIDENT AND DEAN OF THE FACULTY SHALL REPORT THESE LISTS TO THE EDUCATIONAL POLICIES COMMITTEE AND THE BOARD OF TRUSTEES. BOARD APPROVAL OF DEGREE CANDIDATES IS NOT REQUIRED BY APPLICABLE LAW NOR THE STANDARDS OF THE COLLEGE'S PRINCIPAL ACCREDITING AGENCY, THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WILL BE REVIEWED BY A SUBCOMMITTEE APPOINTED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW WILL OCCUR IN JANUARY AND FEBRUARY OF EACH YEAR AND WILL INCLUDE AT LEAST ONE CONFERENCE CALL FOR DISCUSSION. FORM 990 WILL BE DISTRIBUTED TO THE FULL BOARD OF TRUSTEES PRIOR TO THE FEBRUARY MEETING AND THE FILING DATE OF THE FORM 990.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BEREA COLLEGE (THE COLLEGE) MAINTAINS A CONFLICT OF INTEREST POLICY APPLICABLE TO TRUSTEES AND INSTITUTIONAL OFFICERS. ALL TRUSTEES AND INSTITUTIONAL OFFICERS RECEIVE COPIES OF THE POLICY AND A DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THE DISCLOSURE STATEMENT MUST BE COMPLETED BY ALL TRUSTEES AND OFFICERS REGARDLESS OF THE PRESENCE OF A CONFLICT. IN ADDITION TO THE ANNUAL DISCLOSURE, THE POLICY REQUIRES THE DISCLOSURE STATEMENT TO BE UPDATED WHENEVER THE TRUSTEE OR OFFICER BECOMES AWARE OF A NEW OR ANTICIPATED CONFLICT OF INTEREST TRANSACTION THAT HAS NOT BEEN PREVIOUSLY REPORTED. COMPLETED DISCLOSURE STATEMENTS ARE FORWARDED BY THE VICE PRESIDENT FOR FINANCE TO THE PRESIDENT OF THE COLLEGE AND THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. ANY CONFLICT OF INTEREST TRANSACTION OR OTHER MATTER REPORTED BY A TRUSTEE OR OFFICER IS THEN ADDRESSED IN ACCORDANCE WITH THE POLICY. A SEPARATE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL EMPLOYEES OF THE COLLEGE. THE POLICY IS DISTRIBUTED TO NEW EMPLOYEES UPON HIRE AND TO ALL EMPLOYEES ANNUALLY VIA E-MAIL. ANY EMPLOYEE WHO HAS OR WHOSE RELATIVE HAS A SUBSTANTIAL INTEREST IN A CONTRACT, SALE, PURCHASE OR OTHER TRANSACTION BY OR WITH THE COLLEGE MUST MAKE KNOWN THAT INTEREST ON THE APPROPRIATE DISCLOSURE FORM PROVIDED BY THE COLLEGE. ALL COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE ADMINISTRATIVE COMMITTEE OF THE COLLEGE FOR DETERMINATION OF A CONFLICT OF INTEREST. ALL INSTANCES REPORTED ARE FORWARDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT'S COMPENSATION ANALYSIS AND DETERMINATION IN THE SPRING OF EACH YEAR, A COMPARATIVE ANALYSIS IS PREPARED CONSISTING OF PRESIDENTIAL AND OFFICER SALARIES AND BENEFITS AT THE COLLEGE'S FRAME OF REFERENCE "FOR" BENCHMARK INSTITUTIONS COMPRISED OF 26 INDEPENDENT COLLEGES AND UNIVERSITIES WHICH HAVE OPERATIONAL, PROGRAMMATIC AND BUDGETARY SIMILARITIES TO BEREA COLLEGE. THIS INFORMATION IS COMPILED FROM DATA COLLECTED THROUGH THE ADMINISTRATIVE COMPENSATION SURVEY CONDUCTED ANNUALLY BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUA). EVERY FOUR YEARS, A SEPARATE SURVEY IS SENT TO THE "FOR" INSTITUTIONS TO GATHER ADDITIONAL INFORMATION. AN ANALYSIS IS ALSO PREPARED THAT COMPARES THE SALARIES OF THE COLLEGE'S PRESIDENT AND OTHER OFFICERS TO THOSE OF A LARGER GROUP (APPROXIMATELY 95 INSTITUTIONS) OF INDEPENDENT, BACCALAUREATE, GENERAL AND LIBERAL ARTS COLLEGES AND UNIVERSITIES. CONCURRENTLY, THE CHAIR OF THE BOARD UNDERTAKES AN ANNUAL ASSESSMENT OF THE PRESIDENT'S PERFORMANCE. EVERY THREE TO FOUR YEARS, THE CHAIR CONDUCTS A COMPREHENSIVE EVALUATION OF THE PRESIDENT. THE BENCHMARK SALARY DATA IS TRANSMITTED TO THE CHAIR AND THE VICE CHAIR OF THE BOARD OF TRUSTEES. THE PRESIDENT PREPARES A SELF-ASSESSMENT THAT IS DISCUSSED WITH THE CHAIR AND SHARED WITH ALL MEMBERS OF THE BOARD OF TRUSTEES. THE CHAIR THEN DEVELOPS A RECOMMENDATION CONCERNING THE PRESIDENT'S SALARY AND BENEFITS IN THE CONTEXT OF THE COLLEGE'S ENTIRE BUDGET PROCESS USING THE ABOVE INFORMATION ALONG WITH HISTORICAL SALARY AND BENEFIT DATA FOR THE PRESIDENT AND ANY OTHER EXTERNAL RESOURCES THAT ARE AVAILABLE. THE CHAIR NEXT REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ON THE PRESIDENT'S PERFORMANCE ASSESSMENT AND PRESENTS ALL OF THE BENCHMARK AND HISTORICAL SALARY INFORMATION, TOGETHER WITH THE CHAIR'S RECOMMENDATION ON THE SETTING OF THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR. THE EXECUTIVE COMMITTEE THEN REVIEWS ALL OF THE FOREGOING INFORMATION TOGETHER WITH THE CHAIR'S REPORT AND PREPARES ITS OWN RECOMMENDATION. AT ITS MAY MEETING, THE BOARD CONSIDERS THE CHAIR'S REPORT CONCERNING ALL OF THIS INFORMATION AND THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE. FOLLOWING DISCUSSION, THE BOARD ADOPTS A RESOLUTION SETTING THE PRESIDENT'S NEW COMPENSATION LEVELS FOR THE NEXT FISCAL YEAR, BEGINNING ON JULY 1ST. COMPENSATION ANALYSIS AND DETERMINATION FOR THE SUBORDINATE OFFICERS OF THE COLLEGE FOLLOWING THE SAME TIMELINE AND UTILIZING THE SAME COMPARATIVE DATA OUTLINED ABOVE, THE PRESIDENT PREPARES COMPENSATION RECOMMENDATIONS FOR THE COLLEGE'S SUBORDINATE OFFICERS IN THE CONTEXT OF EACH OFFICER'S HISTORICAL SALARY AND BENEFIT INFORMATION AND THE PRESIDENT'S ASSESSMENT OF EACH OFFICER'S PERFORMANCE DURING THE PRECEDING YEAR. THE PRESIDENT THEN MEETS WITH THE CHAIR AND VICE CHAIR OF THE BOARD TO PRESENT THE COMPENSATION RECOMMENDATIONS FOR EACH OFFICER. THE PRESIDENT'S ASSESSMENT OF EACH OFFICER'S PERFORMANCE AS WELL AS THE COMPARATIVE AND HISTORICAL SALARY AND BENEFIT INFORMATION IS SHARED WITH THE CHAIR AND VICE CHAIR FOR REVIEW AND POSSIBLE ADJUSTMENT IN THE CONTEXT OF THE COLLEGE'S ENTIRE BUDGET PROCESS. AT EACH MAY MEETING OF THE EXECUTIVE COMMITTEE, THE PRESIDENT PRESENTS COMPENSATION RECOMMENDATIONS FOR EACH OFFICER ALONG WITH A SUMMARY OF THE COMPARATIVE AND HISTORICAL INFORMATION OUTLINED ABOVE TOGETHER WITH BRIEF COMMENTS ON EACH OFFICER'S PERFORMANCE. THE EXECUTIVE COMMITTEE DISCUSSES THESE RECOMMENDATIONS AND, BY RESOLUTION, APPROVES OR MODIFIES THE PRESIDENT'S RECOMMENDATIONS. THESE RECOMMENDATIONS, AS APPROVED BY THE EXECUTIVE COMMITTEE, ARE THEN PRESENTED TO THE FULL BOARD AT ITS MAY MEETING FOR FINAL REVIEW AND ACTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE COLLEGE'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE VIA THE WEBSITE

Identifier	Return Reference	Explanation
TRUSTEE TIME COMMITMENT	FORM 990, PART VII	TRUSTEES ATTEND THREE REGULAR BOARD MEETINGS ANNUALLY EACH MEETING REQUIRES A TIME COMMITMENT OF AT LEAST TWO DAYS ALL TRUSTEES ARE PROVIDED A SUBSTANTIAL VOLUME OF PREPARATORY MATERIALS PRIOR TO EACH MEETING AND ONLINE DISCUSSION BOARDS ARE PROVIDED IN ORDER TO ALLOW SOME MATTERS TO BE DISCUSSED PRIOR TO ACTUAL MEETING DATES THE BOARD CHAIR AND COMMITTEE CHAIRS HAVE ADDITIONAL RESPONSIBILITIES AND MUST DEVOTE MORE TIME TO PREPARATION FROM TIME TO TIME SPECIAL TELEPHONIC COMMITTEE MEETINGS AND/OR PHYSICAL MEETINGS ARE REQUIRED TO ADDRESS ISSUES THAT REQUIRE DISCUSSION OR DECISIONS BEFORE THE NEXT REGULARLY SCHEDULED MEETING

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 116,901,031 CHANGE IN ANNUITY PAYMENT LIABILITY OF ANNUITY CONTRACTS -58,719 CHANGE IN FUNDS HELD IN TRUST BY OTHERS 3,413,800 ANNUITY PAYMENTS -1,974,021 INTEREST RATE SWAPS 999,300 TOTAL TO FORM 990, PART XI, LINE 5 119,281,391

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE COLLEGE'S AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSEEING THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT, SUBJECT TO THE APPROVAL OF THE FULL BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES REPORTED ON FORM W-3	FORM 990, PART V, LINE 2A	BEREA COLLEGE, CLASSIFIED AS A FEDERAL WORK COLLEGE, HAS A STUDENT LABOR PROGRAM IN WHICH ALL STUDENTS ARE REQUIRED TO WORK 10 OR MORE HOURS PER WEEK. SOME STUDENTS WORK DURING THE NON-ACADEMIC PERIODS OF THE YEAR AND EARN TAXABLE INCOME. STUDENTS EARNING TAXABLE INCOME ARE INCLUDED IN THE TOTAL REPORTED. OF THE 1,178 EMPLOYEES REPORTED, 519 WERE STUDENTS.

Identifier	Return Reference	Explanation
ORGANIZATION MISSION - CONTINUED FROM PAGE 2	FORM 990, PART III, LINE 1	THE COLLEGE HAS ONE CAMPUS LOCATED IN BERE A, KENTUCKY , WITH AN ENROLLMENT OF APPROXIMATELY 1,600 STUDENTS AND EMPLOYING APPROXIMATELY 500 NON-STUDENT EMPLOYEES DURING THE PRE-CIVIL WAR ERA IN KENTUCKY, WHEN BERE A COLLEGE WAS FOUNDED, SLAVERY WAS LEGAL. BLACKS WERE PROPERTY. WHITES WERE OWNERS. AND THOSE WHO OPPOSED THAT ARRANGEMENT WERE CRIMINALS. WOMEN AT THAT TIME WERE SECOND-CLASS CITIZENS WITH NO VOICE IN THEIR NATION'S DEMOCRACY. THE PEOPLE OF APPALACHIA WERE BELIEVED BY MANY TO BE LESS SOPHISTICATED AND LESS IMPORTANT THAN THOSE WHO LIVED IN THE INDUSTRIALIZED NORTH. IN SPITE OF THAT REALITY -AT BERE A-BLACKS AND WHITES, MEN AND WOMEN, WERE INVITED TO LIVE, WORK, AND LEARN TOGETHER AS SOCIAL EQUALS IN THE SCHOOL THAT WAS TO BECOME BERE A COLLEGE. THE UTOPIAN EXPERIMENT AT BERE A DEMONSTRATED WHAT THE WORLD COULD BE LIKE WHEN INDIVIDUALS LIVED OUT A GOSPEL OF IMPARTIAL LOVE BUILT UPON A SIMPLE TRUTH: GOD HAS MADE OF ONE BLOOD ALL PEOPLES OF THE EARTH. BERE A'S PRIMARY SERVICE AREA IS THE SOUTHERN APPALACHIAN REGION, FROM WHICH IT DRAWS 75-80 % OF ITS STUDENTS. THE BALANCE COME FROM ALL STATES IN THE U.S. AND IN A TYPICAL YEAR, FROM MORE THAN 60 OTHER COUNTRIES REPRESENTING A RICH DIVERSITY OF COLORS, CULTURES, AND FAITHS. ABOUT ONE IN THREE STUDENTS REPRESENTS AN ETHNIC MINORITY. BERE A COLLEGE TRANSFORMS THE LIVES OF ITS STUDENTS AND THEIR FAMILIES. MORE THAN 50% OF FIRST YEAR STUDENTS COME FROM FAMILIES WHERE NEITHER PARENT HAS A COLLEGE DEGREE. GUIDED BY A SELF-HELP PHILOSOPHY, BERE A HAS LONG BEEN COMMITTED TO SEEKING OUT ACADEMICALLY PROMISING STUDENTS FROM LOW-INCOME FAMILIES PRIMARILY FROM SOUTHERN APPALACHIA. THE COLLEGE PROVIDES EVERY ADMITTED STUDENT WITH A FULL TUITION SCHOLARSHIP, CURRENTLY VALUED AT NEARLY \$100,000 OVER FOUR YEARS, THAT OTHERWISE WOULD BE FINANCIALLY OUT OF REACH. THE AVERAGE ANNUAL HOUSEHOLD INCOME OF BERE A STUDENTS IS APPROXIMATELY \$25,000. ABOUT HALF OF BERE A'S STUDENTS COME FROM FAMILIES WHO CAN CONTRIBUTE NOTHING TO THEIR COLLEGE EXPENSES AND 95% OF THE STUDENT BODY QUALIFIES FOR SOME LEVEL OF PELL GRANT, A FEDERAL FINANCIAL AID PROGRAM FOR LOW INCOME STUDENTS. IN THE ABSENCE OF AN INCOME STREAM FROM TUITION, BERE A COLLEGE IS DEPENDENT ON ITS ENDOWMENT INCOME, GIFTS AND DONATIONS, AND STATE AND FEDERAL SCHOLARSHIP GRANTS TO HELP PROVIDE A LOW-COST, HIGH QUALITY EDUCATION. THE COST OF THE FULL-TUITION SCHOLARSHIPS IS FUNDED PRIMARILY FROM THE SPENDABLE RETURN ON THE COLLEGE'S ENDOWMENT THAT FUNDS BETWEEN 70-80% OF THE NET EDUCATIONAL AND GENERAL OPERATING BUDGET. CONTRIBUTIONS FROM DONORS TO BERE A'S ANNUAL FUND PROVIDE ANOTHER 10% OF THE BUDGET. IN ADDITION TO THE FULL-TUITION SCHOLARSHIPS FOR EVERY STUDENT, BERE A COLLEGE ALSO PROVIDES INSTITUTIONAL GRANT AID TO ASSIST STUDENTS WITH ROOM, BOARD, BOOKS, AND SUPPLIES. NATIONALLY RECOGNIZED FOR ACADEMICS AND FOR SERVICE LEARNING, BERE A OFFERS RIGOROUS UNDERGRADUATE ACADEMIC PROGRAMS LEADING TO BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN 28 FIELDS. INITIATIVES IN TECHNOLOGY, INTERNATIONAL EDUCATION, AND SUSTAINABILITY AND ENVIRONMENTAL STUDIES ARE CONTEMPORARY WAYS BERE A MEETS ITS MISSION, PREPARING STUDENTS FOR 21ST CENTURY CITIZENSHIP IN A COMPLEX, GLOBAL SOCIETY. GRADUATES FROM BERE A COLLEGE NOT ONLY DEVELOP EXPERTISE IN PARTICULAR ACADEMIC FIELDS, BUT ALSO ARE PREPARED TO BE PERSONS OF CONSEQUENCE - THOSE WITH THE KNOWLEDGE, THE VALUES AND THE WORK ETHIC TO TRULY EFFECT CHANGE AND TO SERVE IN THEIR COMMUNITIES. LABOR IS AN ESSENTIAL ELEMENT OF A BERE A COLLEGE EDUCATION. ALL WORK-WHETHER MANUAL OR MENTAL-HAS DIGNITY AND IS WORTH CELEBRATING. AS ONE OF JUST SEVEN FEDERALLY RECOGNIZED WORK COLLEGES IN THE UNITED STATES, BERE A REQUIRES ALL STUDENTS TO WORK A MINIMUM OF TEN HOURS PER WEEK IN AN INTEGRATED WORK-LEARNING PROGRAM. IN AN ATMOSPHERE OF DEMOCRATIC LIVING EMPHASIZING THE DIGNITY OF ALL WORK, BERE A STUDENTS ARE EMPLOYED IN MORE THAN 120 DEPARTMENTS ON CAMPUS PROVIDING ESSENTIAL WORK TO OPERATE THE COLLEGE AND IN SERVICE JOBS BENEFITTING THE WIDER COMMUNITY. EACH STUDENT CAN LEARN USEFUL SKILLS AND DEVELOP A STRONG WORK ETHIC THAT POTENTIAL EMPLOYERS VALUE. LONG NOTED FOR ITS FRUGALITY AND CAREFUL STEWARDSHIP OF RESOURCES, BERE A COLLEGE DEMONSTRATES ITS COMMITMENT TO PLAIN LIVING THROUGH SUSTAINABILITY INITIATIVES IN FACILITIES RENOVATIONS, OPERATIONS, AND THE CURRICULUM. BERE A COLLEGE HELPS SHAPE CITIZENS WHO HAVE THE KNOWLEDGE BASE, THE VALUE SYSTEM AND THE WORK ETHIC TO DEMONSTRATE TO ALL PEOPLES OF THE EARTH HOW WE CAN LIVE IN PEACE AND HARMONY WITH ONE ANOTHER AND WITHIN THE ENVIRONMENT WE SHARE. BERE A COLLEGE HAS THE DISTINCTION OF HAVING THE FIRST LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFIED BUILDING IN KENTUCKY (HISTORIC LINCOLN HALL, BUILT IN 1886 AND RENOVATED IN 2002). SINCE 1995, BERE A COLLEGE HAS COMPLETED MORE THAN \$140 MILLION IN SUSTAINABLE DESIGN AND RENOVATION PROJECTS, INCLUDING CONSTRUCTION OF THE STATE'S FIRST ECOVILLAGE AND A STATE-OF-THE-ART CENTRAL PLANT THAT INCREASES THE

Identifier	Return Reference	Explanation
ORGANIZATION MISSION - CONTINUED FROM PAGE 2	FORM 990, PART III, LINE 1	HEATING AND COOLING CAPACITY FOR THE CAMPUS WHILE SIGNIFICANTLY REDUCING ENERGY CONSUMPTION BY MORE THAN 50% OVER THE PAST FIFTEEN YEARS. LIVESTOCK AND PRODUCE GROWN BY STUDENTS AT THE COLLEGE FARM AND GREENHOUSES ARE SERVED IN THE CAMPUS DINING HALL AND SOLD TO THE WIDER COMMUNITY AT THE LOCAL FARMERS MARKET. BEREAS CURRICULUM INCLUDES SUSTAINABLE DESIGN COURSES AND LIVING "GREEN" IS GIVEN PRACTICAL APPLICATION IN STUDENT RESIDENCE HALLS WHERE STUDENTS CAN ADOPT LIFELONG HABITS IN REDUCING THEIR ECOLOGICAL FOOTPRINT. BEREAS COLLEGE'S COMMITMENT TO SERVING THE APPALACHIAN REGION IS DEMONSTRATED PRIMARILY THROUGH EDUCATION, BUT ALSO BY OTHER APPROPRIATE SERVICES. BEREAS APPALACHIAN CENTER, THE FIRST IN THE NATION, WAS ESTABLISHED IN 1970 TO BRING TOGETHER EXISTING PROGRAMS, TO GUIDE THE CREATION OF NEW SERVICES TO THE REGION, AND TO SERVE THE NATION AS A RESOURCE FOR INFORMATION ABOUT APPALACHIA. IN 2000, THE CENTER FOR EXCELLENCE IN LEARNING THROUGH SERVICE (CELTs) WAS ESTABLISHED TO COORDINATE A VARIETY OF STUDENT-LED SERVICE PROGRAMS AND OTHER COMMUNITY OUTREACH ACTIVITIES. THE CELTs PROGRAM ALSO COORDINATES THE INTEGRATION OF SERVICE LEARNING INTO THE COLLEGE'S CURRICULUM. UNDER A GRANT FROM THE U.S. DEPARTMENT OF EDUCATION, THE COLLEGE ALSO OPERATES A "GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAM" (GEAR UP) PARTNERSHIP SERVING 19 HIGH-POVERTY SCHOOL DISTRICTS IN 17 DEPRESSED KENTUCKY COUNTIES. BEREAS COLLEGE WORKS DILIGENTLY TO HELP SHAPE EDUCATIONALLY WELL-ROUNDED, SERVICE-MINDED STUDENTS WHO EMBRACE THEIR EDUCATIONAL OPPORTUNITY NOT ONLY FOR THEMSELVES, BUT ALSO FOR OTHERS - SERVING THEIR COMMUNITIES AND THE WORLD. AMONG BEREAS COLLEGE'S MANY NOTABLE GRADUATES ARE INDIVIDUALS WHO MADE SIGNIFICANT IMPACT ON OUR NATION AND THE WORLD BY - INVENTING TOUCH SCREEN TECHNOLOGY (G. SAMUEL HURST) - ESTABLISHING BLACK HISTORY WEEK [NOW MONTH] (CARTER G. WOODSON) - SERVING AS THE FIRST WOMAN ON THE BOARD OF DIRECTORS OF THE NEW YORK STOCK EXCHANGE AND FORMER U.S. SECRETARY OF COMMERCE (DR. JUANITA KREPS) - DIRECTING THE NATION'S FIRST COMPREHENSIVE APPALACHIAN CENTER (LOYAL JONES) - WINNING THE 2002 NOBEL PRIZE LAUREATE IN CHEMISTRY, (DR. JOHN FENN) - DIRECTING THE NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER (DR. JOHN E. FLEMING). BEREAS COLLEGE WAS RANKED BY THE 2011 WASHINGTON MONTHLY RATINGS AS THE TOP LIBERAL ARTS COLLEGE IN AMERICA FOR EDUCATING LOW-INCOME STUDENTS IN A HIGH-QUALITY ACADEMIC ENVIRONMENT FOR LIVES OF SERVICE TO OTHERS. IN SUM, BEREAS COLLEGE IS A PLACE WHERE LEARNING, LABOR AND SERVICE EDUCATE THE WHOLE STUDENT-HEAD, HEART AND HANDS. BEREAS IS A TRULY UNIQUE HIGHER EDUCATION INSTITUTION IN AMERICA. (FOR MORE INFORMATION, VISIT THE BEREAS COLLEGE WEB SITE AT WWW.BEREA.EDU)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BERA INTERCHANGE DEVELOPMENT CORP STE 220 LINCOLN HALL BEREA, KY 40404 61-1124566	HOLDS LAND	KY	501(C)(2)	N/A	BEREA COLLEGE		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BERIA INTERCHANGE DEVELOPMENT CORP	R	1,814,500	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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