

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493132022842

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)

OMB No 1545-0047

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

C Name of organization CENTRE COLLEGE  Doing Business As  Number and street (or P O box if mail is not delivered to street address) 600 West Walnut Street  City or town, state or country, and ZIP + 4 Danville, KY 40422  F Name and address of principal officer DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus ▼ 501(c)(3) ▼ 501(c)( ) ◄ (insert no ) ▼ 4947(a)(1) or ▼ 527  WWW CENTRE EDU  tion ▼ Corporation ▼ Trust ▼ Association ▼ Other ▶  Immary  y describe the organization's mission or most significant activities	Room/suite (8  G Gr  H(a) Is this a group ret  H(b) Are all affiliates	ephone in the street of the st	number 8-5451 ts \$ 99,867,775  ates? Yes No 2 Yes No 5 (see instructions)
Number and street (or P O box if mail is not delivered to street address) 600 West Walnut Street  City or town, state or country, and ZIP + 4 Danville, KY 40422  F Name and address of principal officer DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus ▼ 501(c)(3) ▼ 501(c)( ) ◄ (insert no ) ▼ 4947(a)(1) or ▼ 527  WWW CENTRE EDU  tion ▼ Corporation ▼ Trust ▼ Association ▼ Other ▶	Room/suite (8  G Gr  H(a) Is this a group ret  H(b) Are all affiliate:     If "No," atta  H(c) Group exen	ephone (59) 238 pss receipt urn for affilia sincluded chalist	number 8-5451 ts \$ 99,867,775  ates? Yes No 2 Yes No 5 (see instructions)
City or town, state or country, and ZIP + 4 Danville, KY 40422  F Name and address of principal officer DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus  501(c)(3)  501(c) ( )  (insert no )  4947(a)(1) or  527  WWW CENTRE EDU  tion  Corporation Trust Association Other	Room/suite (8  G Gr  H(a) Is this a group ret  H(b) Are all affiliate:     If "No," atta  H(c) Group exen	oss receipt urn for affilia s included?	ts \$ 99,867,775  ates? Yes No  Yes No  (see instructions)
City or town, state or country, and ZIP + 4 Danville, KY 40422  F Name and address of principal officer DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus  501(c)(3)  501(c) ( )  (insert no )  4947(a)(1) or  527  WWW CENTRE EDU  tion  Corporation Trust Association Other	H(a) Is this a group ret H(b) Are all affiliates If "No," atta H(c) Group exen	oss receipt urn for affilia s included?	ts \$ 99,867,775  ates? Yes No  Yes No  (see instructions)
F Name and address of principal officer DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus ▼ 501(c)(3) ▼ 501(c)( ) ◀ (insert no ) ▼ 4947(a)(1) or ▼ 527  WWW CENTRE EDU  tion ▼ Corporation ▼ Trust ▼ Association ▼ Other ►	H(a) Is this a group ref H(b) Are all affiliate:     If "No," atta H(c) Group exen	urn for affilia s included 7 ch a list	ates? Yes No Yes No (see instructions)
DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422  tus  501(c)(3)  501(c) ( )  (insert no )  4947(a)(1) or  527  WWW CENTRE EDU  tion  Corporation Trust Association Other	H(b) Are all affiliates  If "No," atta  H(c) Group exen	included? ch a list	Yes No
600 West Walnut Street Danville, KY 40422  tus  501(c)(3)  501(c) ( )  (insert no )  4947(a)(1) or  527  WWW CENTRE EDU  tion  Corporation Trust Association Other	H(b) Are all affiliates  If "No," atta  H(c) Group exen	included? ch a list	Yes No
Danville, KY 40422  tus	If "No," atta <b>H(c)</b> Group exen	ch a lıst	(see instructions)
www CENTRE EDU  tion		iption ni	ımber <b>►</b>
tion Corporation Trust Association Other Lammary	L Year of formation		
ımmary	L Year of formation		
•		1819 <b>I</b>	M State of legal domicile K
v describe the organization's mission or most significant activities			
RE COLLEGE IS AN EDUCATIONAL COMMUNITY DEDICATED TO STU ELOP THE INTELLECTUAL, PERSONAL, AND MORAL POTENTIAL OF IT		AL ARTS	S AS A MEANS TO
k this box দ if the organization discontinued its operations or disposed o	fmore than 25% of	its net a	ssets
er of voting members of the governing body (Part VI, line 1a)		3	4(
		4	4(
		5	1,397
			4 (
			-5,323
nrelated business taxable income from Form 990-1, line 34		7b	C
atributions and grants (Part VIII, line 1h)		7.067	<b>Current Year</b> 25,382,377
			52,477,964
	-		7,111,521
			134,466
			85,106,328
	17,33		19,259,978
		0	С
	22,89	5,373	23,550,868
fessional fundraising fees (Part IX, column (A), line 11e)		0	0
ol fundraising expenses (Part IX, column (D), line 25) ▶1,772,514			
ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,38	1,405	28,298,471
al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,61	1,723	71,109,317
venue less expenses Subtract line 18 from line 12	-6,80	3,612	13,997,011
		rent	End of Year
al assets (Part X, line 16)		8,759	362,411,259
	97,34	2,429	97,631,055
assets or fund balances Subtract line 21 from line 20	216,60	6,330	264,780,204
gnature Block			
	per of voting members of the governing body (Part VI, line 1a)	per of voting members of the governing body (Part VI, line 1a)	## A prior Year of Independent voting members of the governing body (Part VI, line 1b)

	•	<u>'</u>				
Par	t III	Statement of Program S Check if Schedule O contains a				দ
1	Briefl	y describe the organization's mi	ssion			
.IBE	RALA	OLLEGE IS A SMALL, INDEPEN RTS AS A MEANS TO DEVELO ED IN SCHEDULE O)				
2		ne organization undertake any si Tior Form 990 or 990-EZ?				Yes 🗸 No
	If "Ye	s," describe these new services	on Schedule O			
3		ne organization cease conducting				Yes ✓ No
	If "Ye	s," describe these changes on S	chedule O			
4	Section	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga stions to others, the total expens	inizations and sectio	n 4947(a)(1) trusts a	are required to report the amou	
4a		e ) (Expenses \$ IDED IN 1819, THE SOLE MISSION OF C RGRADUATE EDUCATION TO ITS STUDI	ENTRE, A NATIONALLY RA	including grants of \$ TED CO-ED PRIVATE LIBE	19,259,978 ) (Revenue \$ RAL ARTS COLLEGE, IS TO PROVIDE P	52,477,964 ) OST-SECONDARY
4b	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		er program services (Describe i enses \$	n Schedule O) including grants of	\$	) (Revenue \$	)
4e	Tota	Il program service expenses►\$	57,274,705	,		

Part TV	Checklist o	f Required	Schedules
	CHECKHISLO	Reduired	Sciledules

			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		No
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		
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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
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? <i>If</i> "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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		N o
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? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? If "Yes," complete Schedule L, Part $I$	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes,"</i> complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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 in senedule o contains a response to any question in this rate v		•''	
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
	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	Yes	
b	If "Yes," enter the name of the foreign country FR, UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		
	Organizations that may receive deductible contributions under section 170(c).	7-		N o
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
3	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		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
	Sponsoring organizations maintaining donor advised funds.			
3	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
,	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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  Enter the amount of reserves on hand			
_	Did the organization receive any nayments for indeer tanning convices during the tay year?	14-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
o	TELLES LINES IN LINEO A FORM 7.7 U. LO FEDORETRESE DAVIDENTS? IT "NO " DYOVIGE AN EXPLANATION IN SCHEdille ()	14D		

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.

itains a response to any question in					

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Id	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	"
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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			
а	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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	
С	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		Νo
	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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶KY			
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 V 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 Steve Jamison
  600 West Walnut Street

Danville, KY 40422 (859) 238-5455

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 organ	nization nor any r	related organization compensated any current officer, director, or trustee									
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee		Former	organization (W- 2/1099-MISC) (W- 2/109 MISC)		from the organization and related organizations			
See Additional Data Table											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours		(e tion that a			II		Repo	( <b>D)</b> ortable ensation	(E) Reportable compensation		<b>(F)</b> Estima amount o	ited f other
		per week (describe hours for	Individual t or director	Institutio	g.	Ke) er	Highest compensati employee	Fo	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	;	compens from t organizati relati organiza	:he on and ed
		related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	ompensated	Former					J	
See A	dditional Data Table	+ - '												
							-							
		-			_	_	-							
								<u> </u>						
1b	Sub-Total					•	· ·	_						
	Total from continuation sheets  Total (add lines 1b and 1c) .	-						<b>•</b>		1,356,709		0		237,578
	Total number of individuals (inc	luding but not lin						-				<u> </u>		.57,570
	\$100,000 in reportable comper	_				- Lea		) WIIO	, , , , , , , , , , , , , , , , , , , ,	a more tha				
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee, o	r highes	t compens	ated employee	3		N. o
4	·					nens	sation	and o	other cor	mnensation	from the			No_
	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? If "Yes," complete Schedule J for such individual									4	Yes			
5	Did any person listed on line 1a									anızatıon o	r individual for			
	services rendered to the organiz	zatıon? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five		nsated i	ndep	ende	ent o	ontra	ctors	that rec	eived more	than			
	\$100,000 of compensation from	n the organizatio		- 1-										
		(A)									(B)		(C	)

( <b>A</b> ) Name and business address	( <b>B)</b> Description of services	<b>(C)</b> Compensation
ARCO NATIONAL CONSTRUCTION CO INC 1750 SOUTH BRENTWOOD BLVD ST LOUIS, MO 63144	GENERAL CONTRACTOR	3,135,890
SODEXO INC AFFILIATES PO BOX 70060 CHICAGO, IL 60673	FOOD SERVICE	3,081,484
MCCOY CONSTRUCTION CO INC 101 THOROUGHBRED DR DANVILLE, KY 40422	CONTRACTOR	564,347
HASTINGS AND CHIVETTA INC 700 CORPORATE DR ST LOUIS, MO 63105	ARCHITECT	482,318
IKON OFFICE SOLUTIONS 810-820 GEARS ROAD HOUSTON, TX 77067	PRINTING CENTER & SOLUTIONS	305,697
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 🕒 11

Form 9							Pa	ge <b>9</b>
Part	V111.	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e , and 1f	1,365,108 24,017,269 987,690				
S and	h	Total. Add lines 1a-1f	25,382,377					
Program Service Revenue	d e	VARIOUS STUDENT ASSESSMENTS	venue	Business Code		0		
<u> </u>	g 3	<b>Total.</b> Add lines 2a-2f Investment income (including			52,477,964			
	4	and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		3,823,792 11,900 0		-5,323	3,829,119
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real 0	(II) Personal	0			
	ь	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(1) Securities 18,037,276 14,761,447	(II) O ther				
		Gain or (loss)  Net gain or (loss)	3,275,829	0	3,275,829			3,275,829
Other Revenue	8a	Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
o#	С	Less direct expenses . Net income or (loss) from fu	ndraising events 🕨		0			
	b	Gross income from gaming a  Less direct expenses .  Net income or (loss) from ga		ь	0			
		Gross sales of inventory, les returns and allowances . Less cost of goods sold .	a					
		Net income or (loss) from sa Miscellaneous Revenue		Business Code	0			
	l _	FITNESS CENTER  MISCELLANEOUS			101,436 33,030			
	d	d All other revenue			134,466		0	(
	12	Total revenue. See Instructi	ons		85,106,328		-5,323	7,116,844

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D)	
Do no	other organizations must complete column (A) but are not required to to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	'		<u>'</u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,250,097	18,250,097		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,009,881	1,009,881		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	1,092,293	233,948	758,532	99,813
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,777,761	13,659,247	3,482,222	636,292
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,556,115	1,126,664	340,849	88,602
9	Other employee benefits	1,840,200	1,214,606	537,518	88,076
10	Payroll taxes	1,284,499	960,963	256,094	67,442
a	Fees for services (non-employees) Management	0			
b	Legal	57,451		57,451	
c	Accounting	83,617		83,617	_
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,275,761		1,275,761	
g	Other	3,081,484	3,081,484		
12	Advertising and promotion	0			
13	Office expenses	476,841	334,672	66,897	75,272
14	Information technology	223,971	117,744	74,397	31,830
15	Royalties	0			· ·
16	Occupancy	2,458,271	1,176,659	1,181,612	100,000
17	Travel	1,142,817	988,096	68,147	86,574
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	35,871	1,191	34,680	
20	Interest	3,075,137	3,075,137		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,879,547	4,533,822	345,725	
23	Insurance	427,835		427,835	
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)				
а	EXPENSED PROJECT COST	1,098,879		1,098,879	
b	FOREIGN STUDY PROGRAMS	1,605,639	1,605,639		-
c	NORTON ARTS CENTER PROGRAMS	1,779,669	1,779,669		
d	LIBRARY OPERATIONS	1,055,823	1,055,823		_
e					_
f	All other expenses	5,539,858	3,069,363	1,971,882	498,613
25	Total functional expenses. Add lines 1 through 24f	71,109,317	57,274,705	12,062,098	1,772,514
26	Joint costs. Check here ► ☐ if following	.,===,==	,_: :,::0	,,	,,
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a	0			
	combined educational campaign and fundraising solicitation		<u> </u>		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	ı		32,721	1	37,397
	2	Savings and temporary cash investments			16,513,400	2	19,250,939
	3	Pledges and grants receivable, net			21,471,128	3	32,001,838
	4	Accounts receivable, net			342,566	4	293,755
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
įts		Schedule L			0	6	0
Assets	7	Notes and loans receivable, net			1,308,536	7	1,207,838
⋖	8	Inventories for sale or use			222,729	8	254,321
	9	Prepaid expenses and deferred charges		1,271,011	9	1,345,800	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	159,355,727			
	ь	Less accumulated depreciation	<b>10b</b> 59,038,360				100,317,367
	11	Investments—publicly traded securities		80,882,698	11	99,243,315	
	12	Investments—other securities See Part IV, line 11	71,290,650	12	82,121,587		
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11		23,014,414	15	26,337,102	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .	313,948,759	16	362,411,259		
	17	Accounts payable and accrued expenses .			6,194,777	17	6,224,602
	18	Grants payable	0	18	0		
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities	85,669,929	20	86,158,910		
je s	21	Escrow or custodial account liability Complete Part IV of Schedu	0	21	0		
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					_
Lial		persons Complete Part II of Schedule L	•		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	s .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			5,477,723	25	5,247,543
	26	Total liabilities. Add lines 17 through 25			97,342,429	26	97,631,055
S		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete	ines 27			
Balance		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			80,725,672		99,630,710
8	28	Temporarily restricted net assets		5,612,838	28	30,099,857	
Fund	29	Permanently restricted net assets			130,267,820	29	135,049,637
표		Organizations that do not follow SFAS 117, check here ▶ ☐ a	nd cor	nplete			
ō	20	lines 30 through 34.				20	
ets.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	anas		246 606 330	32	264 790 204
Net	33	Total net assets or fund balances			216,606,330	33	264,780,204
l	34	Total liabilities and net assets/fund balances			313,948,759	34	362,411,259

Pa	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		85.1	106,328
2	Total expenses (must equal Part IX, column (A), line 25)	2		71,10	
3	Revenue less expenses Subtract line 2 from line 1	3	13,997,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		506,330	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5 34,17		
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	264,780,20		
Pai	rt XII Financial Statements and Reporting			_	i
	Check if Schedule O contains a response to any question in this Part XII		•	<u>Г</u>	
		,		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
	Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readult or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022842

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

CENTRE COLLEGE

## **Public Charity Status and Public Support**

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

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

Inspection

**Employer identification number** 

61-0444671

Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	janizations	must comp	olete this pa	art.) See ıı	nstructions		
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	x )			
1	Γ	A churc	ch, conventi	on of churches, or as	sociation of	churches de	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).			
2	<u>~</u>	A scho	ol described	I in <b>section 170(b)(1</b>	)( <b>A)(ii).</b> (At	tach Schedu	le E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	ation descri	bed ın <b>sectio</b>	n 170(b)(1)(	A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in <b>sec</b> t	tion 170(b)(	( <b>1)(A)(iii).</b> Er	nter the	
5	Г	An orga	anization op	erated for the benefit	of a college	or universit	v owned or o	perated by a	governmen	tal unit descr	ibed in	
_	•	_	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	Г			local government or		al unit desci	ribed in <b>secti</b> o	on 170(b)(1	)(A)(v).			
7	_			at normally receives	_					rom the gene	ral public	:
-	•	describ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							. а. раан	
		sect ion	170(b)(1)(	A)(vi) (Complete P	art II )							
8	Γ	A comr	nunity trust	described in <b>section</b>	170(b)(1)( <i>l</i>	<b>A)(vi)</b> (Com	iplete Part II	)				
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% c	of its support	from contrib	utions, men	nbership fees	, and gro	SS
		receipt	s from activ	ities related to its ex	cempt function	ons—subject	to certain ex	xceptions, ai	nd (2) no mo	ore than 331/	3% of	
		ıts sup	port from gro	oss investment incoi	me and unrel	ated busines	ss taxable ın	come (less s	ection 511	tax) from bus	inesses	
		acquire	ed by the org	janization after June	30,1975 S	ee <b>section 5</b>	<b>09(a)(2).</b> (C	omplete Part	:III)			
10		Anorga	anızatıon org	ganized and operated	lexclusively	to test for p	ublic safety	See <b>section</b>	509(a)(4).			
11	Γ	one or the box	more publicl	ganized and operated y supported organiza bes the type of supp <b>b</b> Type II	ations descri orting organi	ibed in section is a control in the control is a control in the co	on 509(a)(1)	) or section 5 s 11e throug	509(a)(2) S jh 11h	ee <b>section 50</b>		Check
e	Γ	other th		ox, I certify that the on managers and oth								
f		If the o	rganization	received a written de	etermination	from the IRS	S that it is a <sup>-</sup>	Type I, Type	II or Type	III supportın	g organız	zation,
			his box						C.1			Г
g			August 17, 2 ng persons?	2006, has the organi	zation accep	ited any gift	or contribution	on from any o	of the			
				rectly or indirectly c	ontrols, eithe	eralone orto	gether with p	persons desc	cribed in (ii)		Yes	No
		and (III	) below, the	governing body of th	e the suppor	ted organiza	tion?			11g(	i)	
		(ii) a fa	ımıly membe	er of a person descril	bed in (i) abo	ve?				11g(	ii)	
		(iii) a 3	35% control	led entity of a persoi	n described i	n (ı) or (ıı) a	bove?			11g(i	ii)	
h		Provide	the followir	ng information about	the supporte	ed organızatı	on(s)				_	
				(iii)			1		1			
				Type of	(iv)	_	(v)		(vi)	)		
	(i)			organization	Is the organizati		Did you not		Is th		\ \ \	/ii)
	Name		(ii)	(described on	col (ı) lıst		organızatı col (ı) of		organizat			unt of
supported organization			EIN	lines 1- 9 above or IRC section	your gove		suppor		col (1) org		1	port
U.	yanız	ation		(see	docume	nt? 	очрро.					
				instructions))	Yes	No	Yes	No	Yes	No		
				i l			1	1	1	1		

Total

# 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.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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).

Schedule A (Form 990 or 990-EZ) 2010

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

DLN: 93493132022842

OMB No 1545-0047

**Supplemental Financial Statements** 

Department of the Treasury

**SCHEDULE D** (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

itema	ternal Revenue Service   F Attach to Form 990. F See separate Instructions.		Inspection				
	me of the organization NTRE COLLEGE		Employer identification number 61-0444671				
Pa	organizations Maintaining Donor Ad		unds	or Accounts.	Comple	te if the	
	organization answered "Yes" to Form 99	(a) Donor advised funds		<b>b)</b> Funds and ot	her accou	ınts	
1	Total number at end of year	(a) poner davised failes	'	E) i anas ana se	ner decou		
- 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 advi funds are the organization's property, subject to the		nor advi	sed	┌ Yes	┌ No	
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No	
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	າ 990, Part IV	line 7.		
2	Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	Preservation of a	certifie	d historic struct	-	ea	
				Held at the I	end of the	Year	
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified his	• •	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
3 4	Number of conservation easements modified, transfer the taxable year   Number of states where property subject to conservations.		ed by th	e organization d	uring		
- 5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	—— dling of	violations, and	┌ Yes	┌ No	
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🛌			
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year ► \$ _			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No	
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia:					
Par	<b>t III</b> Organizations Maintaining Collectio Complete if the organization answered '		or Ot	ner Similar A	ssets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			e,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i					
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		0	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan				
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$			

**b** Assets included in Form 990, Part X

Part	<b>IIII</b> Organizations Maintaining Co	llections of Art, F	listorical Tre	easures, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any o	f the following th	nat are a significar	t use of its collec	tion:	
а	▼ Public exhibition	•	<b>d</b> F Loano	r exchange progra	ms		
b	Scholarly research		e $\Gamma$ Other				
С	✓ Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further	the organization's	exempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					┌ Yes	✓ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Complete	ıf the organız	zation answered		,	)* NO
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ts not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table			mount	
С	Reginning halance			-	.c	mount	
d	Additions during the year				d l		
e	Additions during the year			<u> </u>	e l		
f	Distributions during the year  Ending balance				f		
2a	Did the organization include an amount on Fo	rm 990 Dart V line ?	1 2	Ľ	•	☐ Yes	
	If "Yes," explain the arrangement in Part XIV	• •	1.			1 163	, 140
	t V Endowment Funds. Complete		inswered "Yes	" to Form 990 F	Part IV line 10		
	Endownient Funds Complete	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years		Years Back
1a	Beginning of year balance	176,142,486	159,479,194		Back	1(-)	
ь	Contributions	6,960,309	4,858,754			+	
c	Investment earnings or losses	41,046,587	21,320,374			+	
d	Grants or scholarships	4,570,373	4,445,423			+	
e	Other expenditures for facilities and programs	4,182,857	4,072,249				
f	Administrative expenses	1,275,761	998,164	1,073,78	2		
g	End of year balance	214,120,391	176,142,486	159,479,19	1		
2	Provide the estimated percentage of the yea	r end balance held as					
а	Board designated or quasi-endowment	36 320 %					
ь	Permanent endowment ► 63 680 %						
С	Term endowment ▶ 0 %						
3a	Are there endowment funds not in the posses	ssion of the organization	on that are held	and administered	for the		
	organization by					Yes	No
	(i) unrelated organizations					(i) Yes	No.
b	(ii) related organizations					(ii)   Bb	No I
4	Describe in Part XIV the intended uses of the	·				<u> </u>	<u> </u>
Par	t VI Investments—Land, Buildings			00, Part X, line 1	0.		
	Description of investment		(a) Cost or of basis (investm		(c) Accumulated	j (d) Bo	ok value
<b>1</b> a l	and			7,117,8	77		7,117,877
b E	Buildings			128,243,9	52 42,247,68	_	35,996,271
c l	easehold improvements						0
d I	Equipment						0
	Other			23,993,8	98 16,790,67	19	7,203,219
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	(B), line 10(c).)		🕨	10	0,317,367
	•	· · · · · · · · · · · · · · · · · · ·	,		Schedule		

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives	0	cost of end of year market value
(2)Closely-held equity interests	0	_
(3)Other		
(A) PRIVATE EQUITY SECURITIES	53,182,583	F
(B) ALTERNATIVE EQUITY STRATEGIES	28,939,004	F
(B) ALTERNATIVE EQUITY STRATEGIES	28,939,004	<u> </u>
<b>-</b>	02.424.503	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	82,121,587	2
Part VIII Investments—Program Related. S		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS		26,176,975
(2) OTHER		160,127
· ·		
Total. (Column (b) should equal Form 990, Part X, col.(B) line		26,337,102
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ANNUITY PAYMENT & LIFE INCOME OBLIGATIONS	876,842	
ADVANCES FROM FEDERAL GOVT FOR STUDENT	605.360	
LOANS  EVADUISTMENT IN INTEREST RATE SWARS	685,260	
FV ADJUSTMENT IN INTEREST RATE SWAPS	3,685,441	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 5,247,543	
( ( -) Should equal ( offin 550) ( are N, cor ( b) fine 25 )	5,247,343	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,106,328
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	71,109,317
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,997,011
4	Net unrealized gains (losses) on investments	4	33,506,609
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	670,254
9	Total adjustments (net) Add lines 4 - 8	9	34,176,863
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,173,874
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	98,747,452
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	33,506,609
3	Subtract line <b>2e</b> from line <b>1</b>	3	65,240,843
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,275,761		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	19,865,485
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	85,106,328
Par 1	Total expenses and losses per audited Financial Statements With Expenses	s per	50,573,578
_	statements	1	50,573,576
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	50,573,578
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,275,761	4	
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	20,535,739
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	71,109,317

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

## 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 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
Collections of art - description of collections	Schedule D, Part III, Line 4	A MIX OF PAINTINGS, GLASS, AND SCULPTURE, THE ART COLLECTION EXISTS PRIMARILY TO HELP FULFILL THE LIBERAL ARTS EDUCATION MISSION OF THE COLLEGE MANY, BUT NOT ALL, PIECES ARE DISPLAYED THROUGHOUT CAMPUS FOR VIEWING BY THE CAMPUS COMMUNITY AND VISITORS
Intended uses of endowment funds	Schedule D, Part V, Line 4	CENTRE'S ENDOWMENT IS USED EXCLUSIVELY TO PARTIALLY FUND THE MISSION OF THE COLLEGE, INCLUDING, BUT NOT LIMITED TO, STUDENT SCHOLARSHIP, OPERATIONS, AND DEBT RETIREMENT
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE COLLEGE IS IN COMPLIANCE WITH GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2009 A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT WILL BE RECORDED

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022842

OMB No 1545-0047

## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

**Employer identification number** 

CENTI	TRE COLLEGE				
		51-0444671		VEC	NO
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	3	Yes	
			-		
4	Does the organization maintain the following?		1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ь	<ul> <li>Records documenting that scholarships and other financial assistance are awarded on a racially r basis?</li> </ul>	nondiscriminatory	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?				No
а	Students rights of privileges?		<u> </u>		NO
b	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		No
d	I Scholarships or other financial assistance?		5d		Νo
	Educational policies?		5e		No
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		No
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		<u>5h</u>		No
			1		
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 ( of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pai		7	Yes	

## Part II 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)

ldentifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	CENTRE COLLEGE RECEIVES ASSISTANCE FROM THE FEDERAL STUDENT AID PROGRAM TO FUND THE COST OF ATTENDANCE FOR ELIGABLE STUDENTS THESE PROGRAMS INCLUDE PELL, WORK STUDY, PERKINS, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS AND STAFFORD LOANS FEDERAL ASSISTANCE FROM OTHER SOURCES INCLUDE THE DEPARTMENT OF EDUCATION, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, NATIONAL SCIENCE FOUNDATION, NATIONAL INSTITUE OF HEALTH, AND DEPARTMENT OF COMMERCE

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022842

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization CENTRE COLLEGE

to Part I

c Totals (add lines 3a and 3b)

Employer identification number

`FN	TRE COLLEGE					-		
	THE COLLEGE					61-0444671		
Pa	<b>General Informatio</b> "Yes" to Form 990, Pa			the United States.	Complete	ıf the organiza	ation answere	d
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization gibility for the	maıntaın recor e grants or ass	istance, and the selec	tıon crıterı	ia used to awai		⊏ N∈
2	For grantmakers. Describe in Pa United States	art V the organ	ızatıon's procedu	ires for monitoring the us	se of grant f	funds outside the	e	
3	Activites per Region (Use Part	V ıf addıtıonal	space is needed	)				
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe ific type of e(s) in region	<b>(f)</b> Total expenditures region/investm in region	
	EUROPE (INCLUDING ICELAND AND GREENLAND)				SEMESTE ABROAD	R STUDY		50,88
	CENTRAL AMERICA AND THE CARIBBEAN		1		SEMESTE ABROAD			18,14
	EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES				52,41
	NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES				13,95
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SCHOLAR	ISHIPS	1.	43,51
	CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS				
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMESTE ABROAD	R STUDY		61,30
Э.	Sub-total							
	Total from continuation sheets					-		

1,940,216

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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.

030 1410 4 11 0	additional space is ne	Tueu.		1			T
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	EUROPE (INCLUDING ICELAND AND GREENLAND)	84	652,412				
SCHOLARSHIP	NORTH AMERICA (CANADA & MEXICO ONLY)		213,950				
SCHOLARSHIP	EAST ASIA AND THE PACIFIC	15	143,519	CREDIT			
						Calcada	ule F (Form 990) 2010

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
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)	Г	Yes	<b>▽</b>	Νo
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)	굣	Yes	Г	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)	굣	Yes	Г	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	Г	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).	Γ	Yes	<b>▽</b>	Νo

Schedule F (Form 990) 2010

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

ldentifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	' '	ALL INSTITUTIONAL SCHOLARSHIP GRANTS ARE AWARDED ON A COMPETITIVE BASIS, AND ARE POSTED AS A CREDIT ON STUDENT'S STATEMENTS

Schedule F (Form 990) 2010

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

Schedule I (Form 990)

**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.

OMB No 1545-0047

DLN: 93493132022842

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number CENTRE COLLEGE 61-0444671 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

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

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIPS	1178	19,065,730	0	N/A	N/A

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

Identifier	Return Reference	Explanation
Procedures for monitoring	Schedule I, Part I, Line 2	ALL STUDENT SCHOLARSHIPS, GRANTS, OR OTHER ASSISTANCE ARE MONITORED THROUGHOUT THE AWARD,
use of grant funds		ACCEPTANCE, AND APPLICATION PROCESSES APPROPRIATE RECORDS ARE MAINTAINED AND DOCUMENTED

Schedule I (Form 990) 2010

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

DLN: 93493132022842

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Name of the organization CENTRE COLLEGE

**Employer identification number** 

	01-0444071			
Pa	rt I Questions Regarding Compensation			
	r		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 ☐ Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments    F   Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	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	<del>                                     </del>
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     ✓ Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		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 accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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>B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	Form 990 or Form 990-EZ
(1) JOHN A ROUSH	(I) (II)	227,643 0	34,645 0	363 0	24,500 0	19,731 0	306,882 0	0 0
(2) JOHN E CUNY	(I) (II)	142,833 0	16,006 0	1,554 0	15,106 0	12,732 0	188,231 0	0 0
(3) RICHARD W TROLLINGER	(I) (II)	145,553 0	16,135 0	1,410 0	15,236 0	11,307 0	189,641 0	0 0
(4) STEPHANIE L FABRITIUS	(1) (11)	136,756 0	14,926 0	439 0	14,018 0	17,528 0	183,667 0	0 0
(5)								
(6)								
(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
Travel for companions		AT TIMES SPOUSES ARE EXPECTED TO ACCOMPANY INTERESTED PERSONS ON BUSINESS TRIPS ANY AMOUNTS DEEMED TO BE PERSONAL IN NATURE ARE TREATED AS TAXABLE COMPENSATION
Housing allowance or residence for personal use	· '	JOHN ROUSH, PRESIDENT, AND STEPHANIE FABRITIUS, DEAN, ARE REQUIRED TO RESIDE IN ON-CAMPUS HOUSING PER THEIR EMPLOYMENT AGREEMENT EXEMPT UNDER IRC 119
	,	THE COLLEGE PURCHASED A MEMBERSHIP IN THE LOCAL COUNTRY CLUB IN THE PRESIDENT'S NAME TO GAIN ACCESS TO THE FACILITIES FOR OCCASIONAL BUSINESS PURPOSES THE USE IS 100% BUSINESS AND NOT CONSIDERED TO BE TAXABLE COMPENSATION

Schedule J (Form 990) 2010

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

DLN: 93493132022842

Open to Public Inspection

Internal Revenue Service
Name of the organization
CENTRE COLLEGE

Department of the Treasury

Employer identification number

61-0444671

P:	art I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Prid	:e (1	(f) Description of Purpose		(g) Defeased		Beh	On lalf of suer		Pool ncing		
									Yes	No	Yes	No	Yes	No		
A	COUNTY OF BOYLE KENTUCKY	61-6000756	103462BA4	08-30-2007	44,156,3	X n i	NEW CONSTRUCTION AND ADVANCED REFUNDING			X		х		Х		
В	COUNTY OF BOYLE KENTUCKY	61-6000756	103462BD8	04-24-2008	34,385,0	00 CUR	CURRENT REFUNDING			Х		Х		х		
_   _																
Pa	rt III Proceeds															
					А			В	С			D				
1	A mount of bonds retired						0	0								
2	A mount of bonds legally defe	eased ————————————————————————————————————					0									
3	Total proceeds of issue	4	4,499,41	. 6												
4	Gross proceeds in reserve for						0									
5	<u> </u>	Capitalized interest from proceeds						0 0								
6	Proceeds in refunding escro						0 0									
7	Issuance costs from procee					334,42	2.2	233,242								
8	Credit enhancement from pr					398,63	3 2									
9	Working capital expenditure	<u> </u>					0									
10	Capital expenditures from pi	roceeds			1.	2,576,75	50									
11	Other spent proceeds				3	1,189,61	. 2									
12	O ther unspent proceeds						0	0								
13	Year of substantial completi	Year of substantial completion														
					Yes	No	Yes	No	Yes		No	Yes	+	No		
14	Were the bonds issued as pa		<del>_</del>			X	X					<u> </u>	$\bot$			
15	Were the bonds issued as pa	art of an advance ref	unding issue?		X			Х					$\perp$			
16	Has the final allocation of pr	X		X												
17	Does the organization maint allocation of proceeds?	x		х												
Pa	rt IIII Private Business	Use														
		Yes	No	Yes	B No	Yes	C	No	Yes	D	No					
ı					162	140	162	110	165		140	1 1 1 1 1 1	$-\!\!\!\!\!-$	140		

property financed by tax-exempt bonds?

financed property?

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

Are there any lease arrangements that may result in private business use of bond-

Х

Х

Χ

Par	Part III Private Business Use (Continued)											
			4	I	В			ı	D			
		Yes	No	Yes	No	Yes	No	Yes	No			
3a	Are there any management or service contracts that may result in private business use?		×	Х								
b	Are there any research agreements that may result in private business use of bond-financed property?		×		×							
С	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?		х		×							
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	0 %		0 %								
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	0 %		0 %								
6	Total of lines 4 and 5	0 %		0 %		,						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х								
Do	Down TV Aubitro co											

Pa	rt IV Arbitrage								
		А		В		С		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				
2	Is the bond issue a variable rate issue?		Х	Х					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×	X					
			^	^					
b	Name of provider	SEE PART V		SEE PART V					
С	Term of hedge	0 0		0 0					
d	Was the hedge superintegrated?		x		x				
e	Was a hedge terminated?		х		х				
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider								
С	Term of GIC		0 0						
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?		х		х				
6	Did the bond issue qualify for an exception to rebate?								

## Part V Supplemental Information

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

Identifier	Return Reference	Explanation
IDENTIFIED	SCHEDULE K, PART IV LINE 3B	UBS 29 7 YEARS PNC 25 3 YEARS
TOTAL PROCEEDS OF ISSUES	1	FOR BOTH BONDS, THE DIFFERENCE BETWEEN PART I ISSUE PRICE AND PART II, LINE 3 TOTAL PROCEEDS IS THE RESULT OF INVESTMENTS EARNINGS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022842

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

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.

**2010** 

Open to Public Inspection

CENTR	E COLLEGE							6	1-04446	7 1			
Part								organı	zations c	nly).	.na 40h		
1	(a) Name of disq				m 990, F			or Form 990-EZ, Part V, line				(c) Corrected?	
				(5) 5 252111511011 011						Yes	No		
2 =	nter the amount of tax impos	ed on t	he orgai	nization man	agers or	disqualified person	one duri	na the v	vear under	_			
s	ection 4958								🟲	\$ —			
3 E	nter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			<b>.</b>	\$ <u> </u>			
Part	Loans to and/or in Complete if the organization					) Part IV line 26	or Forn	n 990-F	7 Part V	line 38	а		
(a) Na	(a) Name of interested person and purpose		(b) Loan to or from the		jinal amount	(d)Balance due	(e) In default?		(f) Approv	ed d or	(g)Written agreement?		
		То	To From				Yes	No	Yes	No	Yes	No	
			-										
Total					<b>▶</b> \$								
Part :	Grants or Assistar Complete if the orga	nızatıd	on ansv	wered "Yes	" on Fo	rm 990, Part IV		27.					
	(a) Name of interested pers	on	(	<b>b)</b> Relationsh an	nip betwe	een interested per ganization	son	<b>(c)</b> A m	nount of gr	ant or ty	pe of assi	stance	
(1) SEI	SCHEDULE O		DI	SCOUNTED								14,750	
			013	COUNTED	101110	N AND AID						17,/30	

Part IV Business Transactions Involving Interested Persons
------------------------------------------------------------

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

Complete ii the organizatio	Complete if the organization answered Tes On Form 550, Fart IV, line 20a, 20b, or 20c.										
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?							
	organization			Yes	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
GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS		AS PER IRS INSTRUCTIONS FOR FORM 990, SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES

Schedule L (Form 990 or 990-EZ) 2010

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

DLN: 93493132022842

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization CENTRE COLLEGE

**Employer identification number** 

61-0444671

Pa	Tt I Types of Property				01 0444071						
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ntribut	ion			
1	Art—Works of art										
2	Art—Historical treasures										
3	Art—Fractional interests										
4	Books and publications										
5	Clothing and household										
good											
6	Cars and other vehicles .										
7	Boats and planes										
8	Intellectual property										
9	Securities—Publicly traded	Х	5	122,690	MARKET VALUE						
10	Securities—Closely held stock										
11	Securities—Partnership,										
	LLC, or trust interests .										
	Securities—Miscellaneous										
13	Qualified conservation contribution—Historic structures										
14	Qualified conservation contribution—Other										
15	Real estate—Residential .										
16	Real estate—Commercial										
17	Real estate—Other	Х	1	865,000	MARKET VALUE						
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts .										
25	O ther ► ()										
26	O ther ▶()										
27	O ther ▶()										
28	O ther ▶ ()										
29	Number of Forms 8283 received by for which the organization complete				29			1			
30a	During the year, did the organization	n receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No			
	must hold for at least three years f	rom the c	late of the initial contribution	on, and which is not require	d to be used						
	for exempt purposes for the entire	holdıng p	erıod <sup>?</sup>			30a		No			
b	If "Yes," describe the arrangement	ın Part I	I								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 Yes										
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?										
33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues ı	n column (c) for a type of p	roperty for which column (a	) is checked,						

Page 2

## 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

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022842

OMB No 1545-0047

2010

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE 0** 

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization CENTRE COLLEGE

**Employer identification number** 

61-0444671

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) CENTRE NURTURES IN ITS STUDENTS THE ABILITY TO THINK LOGICALLY AND CRITICALLY, TO WORK CREATIVELY, TO ANALYZE AND COMPARE VALUES, AND TO WRITE AND SPEAK WITH CLARITY AND GRACE. IT ACQUAINTS STUDENTS WITH THE RANGE OF ACCOMPLISHMENTS OF THE HUMAN MIND AND SPIRIT IN A VARIETY OF ARTS AND THEORETICAL DISCIPLINES. IT ENABLES STUDENTS TO CHOOSE AND FULFILL SIGNIFICANT RESPONSIBILITIES IN SOCIETY. IN SHORT, CENTRE'S HIGHEST PRIORITY IS TO PREPARE ITS STUDENTS FOR LIVES OF LEARNING, LEADERSHIP, AND SERVICE.

ldentifier	Return Reference	Explanation				
Family/business relationships amongst interested persons	l ' '	DAVID GRISSOM - BUSINESS RELATIONSHIP, WATTS HUMPHREY - BUSINESS RELATIONSHIP				

ldentifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11a	A DRAFT OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES IS PREPARED BY THE CONTROLLER AND INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING, A COPY IS PROVIDED TO THE COLLEGE EXECUTIVE OFFICERS AND THE BOARD'S AUDIT COMMITTEE FOR REVIEW BEFORE FILING A BOARD SUMMARY REPORT WAS PRESENTED ON MAY 11, 2012 TO THE AUDIT COMMITTEE. THE FINAL FORM 990 AND SUPPLEMENTAL SCHEDULES WAS PROVIDED ELECTRONICALLY TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL TRUSTEES AND OFFICERS ARE SURVEYED ANNUALLY, VIA AN EXTENSIVE QUESTIONNAIRE, TO DISCLOSE A VARIETY OF RELATIONSHIPS WITH EACH OTHER OR DIRECTLY WITH THE COLLEGE. THIS SURVEY IS REVIEWED AND MAINTAINED BY COLLEGE COUNSEL, AND REVIEWED BY BOTH THE VP FINANCE AND THE CONTROLLER. THOSE FOUND TO HAVE A POTENTIAL CONFLICT, OR THE APPEARANCE OF SUCH, DO NOT PARTICIPATE IN FINAL RELATED BUSINESS DISCUSSIONS OR VOTES.

ldentifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE, COMPRISED OF THE BOARD CHAIRMAN, BOARD VICE CHAIRMAN, AND FINANCE COMMITTEE CHAIR, DETERMINES AN APPROPRIATE COMPENSATION CONTRACT FOR THE PRESIDENT AN IMPORTANT TOOL USED IN THEIR DECISION PROCESS IS A COMPARABILITY STUDY CONDUCTED BY AN APPOINTED BOARD COMMITTEE. THE COMMITTEE'S RECOMMENDATION, SUPPORTED BY THE COMPARABILITY STUDY, AN EXPANSIVE REPORT BY THE PRESIDENT ON THE DRIVERS AND GOALS ASSOCIATED WITH HIS WORK, AND OTHER DISCUSSION POINTS, IS PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR DETAILED REVIEW AND APPROVAL. THE CONTRACT IS SUBSEQUENTLY PRESENTED TO THE FULL BOARD FOR RATIFICATION WRITTEN DOCUMENTATION OF CONTRACT DISCUSSIONS, APPROVALS, ATTENDANCE, AND ACTION TAKEN ARE MAINTAINED ON CAMPUS BY A NON-BOARD MEMBER. THE PRESIDENT IS CURRENTLY COMPLETING THE FIRST OF A FOUR-YEAR CONTRACT.

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. CURRENTLY THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE BY THE IRS

ldentifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 33506609, ACTUARIAL LIABILITY FOR ANNUITY OBLIGATIONS - 670254,

Software ID: 10000128
Software Version: v2010.1.0

**EIN:** 61-0444671 **Name:** CENTRE COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion ( that a	che	′)		_	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JOHN A ROUSH PRESIDENT	50			х				262,651	0	44,231
JOHN E CUNY VP FINANCE, TREASURER	50			х				160,393	0	27,838
RICHARD WTROLLINGER VP DEVELOPMENT	50			x				163,098	0	26,543
STEPHANIE L FABRITIUS VP ACADEMIC, DEAN	50			х				152,121	0	31,546
W RANDY HAYS VP STUDENT LIFE	50			х				94,017	0	15,034
MILTON M REIGELMAN PROFESSOR, SPECIAL ASST	50					х		125,467	0	19,908
JAMES P LEAHEY COUNSEL	50					х		106,466	0	19,934
MICHAEL HAMM PROFESSOR	50					х		102,068	0	19,373
JOHN R BARTON TRUSTEE	1	Х						0	0	0
WILLIAM S BOWMER TRUSTEE	1	Х						0	0	0
ANITA M BRITTON TRUSTEE	1	Х						0	0	0
ROBERT T BROCKMAN BOARD CHAIRMAN	1	Х		х				0	0	0
SHEILA A BURKS TRUSTEE	1	Х						0	0	0
RUTHERFORD B CAMPBELL TRUSTEE	1	Х						0	0	0
GREG W CAUDILL TRUSTEE	1	Х						0	0	0
PAUL W CHELLGREN TRUSTEE	1	Х						0	0	0
JOANNE K DUNCAN TRUSTEE	1	Х						0	0	0
ROBERT L ELLIOTT TRUSTEE	1	Х						0	0	0
BARB EMLER TRUSTEE	1	Х						0	0	0
JAMES H EVANS TRUSTEE	1	Х						0	0	0
MARY H GRIFFITH TRUSTEE	1	Х						0	0	0
J DAVID GRISSOM TRUSTEE	1	Х						0	0	0
G WATTS HUMPHREY TRUSTEE	1	Х						0	0	0
CRAIG W JOHNSON TRUSTEE	1	Х						0	0	0
RANDAL B KELL BOARD VICE CHAIRMAN	1	Х		х				0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion ( that a	che	<sup>'</sup> )			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			from the organization and related organizations
ELIZABETH T KENNAN TRUSTEE	1	Х						0	0	0
PIERCE LIVELY TRUSTEE	1	Х						0	0	0
CRIT LUALLEN TRUSTEE	1	×						0	0	0
KENNETH J MARDICK TRUSTEE	1	Х						0	0	0
DAVIS L MARKSBURY TRUSTEE	1	Х						0	0	0
DARYLL W MARTIN TRUSTEE	1	Х						0	0	0
THOMAS H MEEKER TRUSTEE	1	Х						0	0	0
JOHN H NEWMAN TRUSTEE	1	×						0	0	0
MARK E NUNNELLY TRUSTEE	1	Х						0	0	0
JOSEPH H PATTERSON TRUSTEE	1	×						0	0	0
PEGGY P PATTERSON TRUSTEE	1	Х						0	0	0
LILLIAN H PRESS PARTIAL YEAR TRUSTEE	1	Х						0	0	0
GEORGE W PRIVETT TRUSTEE	1	Х						0	0	0
JAMES M RATCLIFFE TRUSTEE	1	х						0	0	0
EDDY ROBERTS TRUSTEE	1	Х						0	0	0
NELSON D RODES TRUSTEE	1	Х						0	0	0
JAMES L ROGERS TRUSTEE	1	Х						0	0	0
JAMES D ROUSE BOARD SECRETARY	1	Х		х				0	0	0
JAMES C SEABURY TRUSTEE	1	Х						0	0	0
JAMES A SMITH TRUSTEE	1	Х						0	0	0
JANE L STEVENSON TRUSTEE	1	Х						0	0	0
MARGARET A STROUP TRUSTEE	1	Х						0	0	0
KEVIN D TAYLOR TRUSTEE	1	Х						0	0	0
J CAREY THOMPSON VP ADMISSION	50			х				85,290	0	13,227
CLARENCE WYATT PROFESSOR, SPECIAL ASST	50					х		105,138	0	19,944

## 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 (apply) Position (apply) Position (apply) Position (beck apply) Cffice Institutional Individual to ar director				Highest employe		(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
		al tiustee tor	nol Trustee	Officei	employee	compensated	mer			-
ANGIE MCDONALD-HACKETT PARTIAL YEAR TRUSTEE	1	×						0	0	0