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DLN: 93493136020902

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Internal	Revenue	e Service	► The organization may ha	ve to use a copy of this return to sat	tisfy state reportir	ng requiremen	Inspection
A Fo	r the	2010 ca	lendar year, or tax year begir	nning 07-01-2010 and ending 06-3	0-2011	D Employ	ver identification number
		pplicable	C Name of organization GEORGETOWN COLLEGE				
	dress ch	_	Doing Business As			61-04	44695
	me cha	_	-			E Telepho	one number
_	tıal retu		Number and street (or P O box 400 EAST COLLEGE STREET	ıf maıl ıs not delivered to street address)	Room/suite	(502)8	863-8016
	rmınate					G Gross re	ceipts \$ 65,359,824
	nended		City or town, state or country, and GEORGETOWN, KY 40324	nd ZIP + 4		G Gloss le	celpts \$ 03,339,024
Ap	plication	n pending	,				
			F Name and address of p	principal officer	H(a) Is the	s a group return for	affiliates? Yes No
			400 EAST COLLEGE STR		H(b) Are	all affiliates inclu	ded?
			GEORGETOWN, KY 403	24	` `		list (see instructions)
——— т Та	ıx-exen	npt status	▼ 501(c)(3)	◀ (insert no )	— u/a Gr	oup exemption	
			W GEORGETO WNCOLLEGE				
			Corporation Trust Associa	ation Cther 🕨	<b>L</b> Year of	formation 1829	<b>M</b> State of legal domicile K
Pa	rt I	Sumi	mary				
		,	3	ssion or most significant activities	CTITUTION OF	JICHED LEAL	DNING
ቋ	-	GEORGE	TOWN COLLEGE IS A FULL	Y ACCREDITED LIBERAL ARTS IN	SITIUITONOFI	HIGHER LEA	RNING
Activities & Governance	:						
≣	.						
Ž.	2	Check th	is box 🛏 if the organization	discontinued its operations or dispo	osed of more than	25% of its no	et assets
ూ ×ర				erning body (Part VI, line 1a)			3 28
8				rs of the governing body (Part VI, lir	•		4 20
Ĕ				ın calendar year 2010 (Part V, line	2a)	<b>⊢</b>	5 1,140
ਤੂ			nber of volunteers (estimate	• •			6 45
•				n Part VIII, column (C), line 12	•	<u> </u>	<b>74</b> 0,272
	Ь	Net unrel	ated business taxable incom	e from Form 990-T, line 34	<u> </u>		<b>7b</b> -114,767
						ior Year	Current Year
a)	8			, line 1 h)		4,644,36	
Ravenue	9			(, line 2g)		36,821,64	
	10			imn (A), lines 3, 4, and 7d)		1,131,05	
	11		·	A), lines 5, 6d, 8c, 9c, 10c, and 11e 11 (must equal Part VIII, column (A	· —	8,839,28	8 8,948,042
	12					51,436,34	53,758,924
	13	Grants	and similar amounts paid (P	art IX, column (A ), lines $1-3$ )		18,528,35	1 19,515,594
	14	Benefit	s paid to or for members (Pa	rt IX, column (A), line 4)			0
ø	15		s, other compensation, empl	oyee benefits (Part IX, column (A), l	ines	18,781,82	.0 19,740,313
Expenses	160	5-10)	sional fundraising foos (Part 1	IV column (A) line 11a)			0 19,740,313
<u>∓</u>	16a			IX, column (A), line 11e)	•		
Д	b		ndraising expenses (Part IX, column		<del></del>	14 702 70	15 26 2 20 7
	17			(A), lines 11a-11d, 11f-24f)		14,702,70	
	18 19			must equal Part IX, column (A), line ne 18 from line 12		52,012,87 -576,52	
# m	19	Nevent	ae iess expelises subtract III	HE TO HOIH HIRE IZ		ng of Current	
<b>කි</b> වෙති					Deginni	Year	End of Year
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)			92,685,18	9 99,582,362
PA A	21	Total lı	abilities (Part X, line 26) .			56,134,95	55,900,003
<u> </u>	22	Netas	sets or fund balances Subtra	act line 21 from line 20		36,550,23	43,682,359
Pa	rt II	Signa	ature Block				
know know	rledge : rledge.	and belief	, it is true, correct, and comple	mined this return, including accompany ete. Declaration of preparer (other than	officer) is based o		
Sigr Her		JAMES	5 MOAK CFO or print name and title				
		Print/Type preparer's		Preparer's signature PAULA C HANSON	Date	Check if self- employed	PTIN
Paid	ŀ	<u> </u>	ne DEAN DORTON ALLEN FORD P				Firm's EIN
Prep		Fırm's add	ress • 106 W VINE STREET SUITE	600			Phone no • (859) 255-
Use	uniy						2341

LEXINGTON, KY 40507

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

Par	Statement of Pro- Check if Schedule O c		complishments any question in this Part II.	I	৮
1	Briefly describe the organiza	tion's mission			
GEO LEAF	RGETOWN, KENTUCKY THE RNING UNDER CHRISTIAN IN	COLLEGE IS COMMI NFLUENCES SO AS T	TTED TO PROVIDING OPF O AFFORD ITS STUDENTS	N OF HIGHER LEARNING LOOP PORTUNITIES FOR EXCELLEN A QUALITY EDUCATION IN ALTHY INTEREST IN THE PRO	ICE IN HIGHER SELECTED BRANCHES
2	Did the organization undertak the prior Form 990 or 990-E2				Yes ✓ No
	If "Yes," describe these new s	services on Schedule	0		
3	Did the organization cease co services?			onducts, any program · · · · ·	Yes ✓ No
_					
4		)(4) organizations and	section 4947(a)(1) trusts	e largest program services by e are required to report the amou service reported	
4a	(Code ) (E	xpenses \$ 45,77	73,204 including grants of \$	19,515,594 ) (Revenue \$	44,138,371 )
	, , ,	IONAL INSTITUTION PROVI	DING EDUCATION, HOUSING, AND	FOOD SERVICES TO STUDENTS AND 1	• • •
4b	(Code ) (E	xpenses \$	including grants of \$	) (Revenue \$	)
	, (2			, ( 4	,
	-				
4c	(Code ) (E	xpenses \$	including grants of \$	) (Revenue \$	)
	-				
	-				
4d	Other program services (De (Expenses \$	escribe in Schedule O including gr	•	) (Revenue \$	)
4e	Total program service exper	ses⊫\$ 45.7	73 204		

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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)? $^{f g}$	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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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		No
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> 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		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <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? If "Yes," 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	Yes	<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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	Yes	
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 $\Box$ Yes $\Box$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $\cdot$ . $\cdot$ . $$			
			Yes	No
E	nter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,699			
) E	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	I I  Old the organization comply with backup withholding rules for reportable payments to vendors and reportable aming (gambling) winnings to prize winners?	1c	Yes	
E	Inter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	eturn			
		2b	Yes	
	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	old the organization have unrelated business gross income of \$1,000 or more during the ear?	3a	Yes	
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
О	t any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)?	4a		N
	f "Yes," enter the name of the foreign country 🕨			
S	ee instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
٧	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
I	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
_	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		N
0	rganization solicit any contributions that were not tax deductible?	- Oa		IN
W	vere not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	ervices provided to the payor?	/a	165	
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to le Form 8282?	7c		N
I	f "Yes," indicate the number of Forms 8282 filed during the year			
	old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	ontract?	7e		N ·
I	old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as equired?	7f 7g		N
I	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
t	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	usiness holdings at any time during the year?	8		
	ponsoring organizations maintaining donor advised funds.	9a		
	old the organization make a distribution to a donor, donor advisor, or related person?	9b		
	ection 501(c)(7) organizations. Enter			
	nitiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  acilities			
S	ection 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	gainst amounts due or received from them )			
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the ear			
S	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state? <b>lote.</b> See the instructions for additional information the organization must report on Schedule O	13a		
_				
	nter the amount of reserves the organization is required to maintain by the states which the organization is licensed to issue qualified health plans			
	nter the amount of reserves on hand			
Γ	Old the organization receive any payments for indoor tanning services during the tax year?	14a		No
	f "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		141

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

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 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		Νο					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No					
ь	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			165						
<del></del>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)								
	venue coue.)		Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		-110					
11a	affiliates, and branches to ensure their operations are consistent with those of the organization?	100							
		11a		Νo					
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	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )								
				1					
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 🔽 Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JAMES MOAK 400 EAST COLLEGE STREET

GEORGETOWN, KY 40324 (502)863-7970

# <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	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (		′)			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		from the organization and related organizations
See Additional Data Table										

Form 990 (2010)

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

	(A) Name and Title	(B) Average hours per		(ition that a			ıll		Rep comp	( <b>D)</b> ortable ensation om the	<b>(E)</b> Reportable compensation from related		(F) Estima amount o compens	ited fother
		week		=			e E		organi	zatıon (W-	organızatıons	;	from t	:he
		(describe hours	Individual trustee or director	Institutional Trustee		<u></u> @	Highest compensat		2/109	9-MISC)	(W- 2/1099- MISC)	·   °	rganızatı relate	
		for related	\$ E	Tage Se	Office	employee	ခြီး	Former					organıza	tions
		organizations	4 =	≗	월	Ş 	1 2	₹						
		ın Schedule	<u> </u>	St.		e e	l se							
		0)	""	r			<u> </u>							
See A	Additional Data Table													
		+		$\vdash$				$\vdash$						
				<u> </u>				<u> </u>						
				<del>                                     </del>				$\vdash$						
		+		$\vdash$	$\vdash$	$\vdash$	-	╁						
				<u> </u>			-	<u> </u>						
1b	Sub-Total			<del></del>	٠.	٠.	<del>'</del>	<u> </u>						
С	Total from continuation sheets						<b>F</b>							
d	Total (add lines 1b and 1c) .							Þ		1,368,561		0	1	102,751
2	Total number of individuals (inc					ted	above	) who	receive	ed more tha	n			
	\$100,000 in reportable comper	isation from the	organız	atıon	₽-8									
													Yes	No
3	Did the organization list any <b>for</b>					еу е	mploy	ee, o	r highes	st compens	ated employee			
	on line 1a? If "Yes," complete Sc.	hedule J for such	ındıvıdı	ual		•	•	•				3		No
4	For any individual listed on line organization and related organiz													
	individual	• • • •		•	•	•	• •	•		· · ·	.,,	4	Yes	
5	Did any person listed on line 1a	receive or accri	ue comp	oensa	ation	fror	m any	unrel	lated org	ganızatıon o	r individual for			
	services rendered to the organiz	zatıon? <i>If</i> " <i>Ye</i> s,"	complet	e Sch	edul	e J f	or suct	h pers	son .		•	5		Νo
	ection B. Independent Con  Complete this table for your five		neated	ından	enda	nt /	contra	ctorc	that ro	ceived more	than			
_	\$100,000 of compensation from			muep	enue	511L (	contra (	CLUIS	inat le	ceiveu more	z ciiaii			
		(A)									(B)		(C	<del>.</del>

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO MANAGEMENT INC 299 KINGS DAUGHTERS DR FRANKFORT, KY 40601	DINING SERVICES	3,037,800
DAVIS & PLOMIN INCORPORATED  949 CONTRACT STREET PO BOX 55350  LEXINGTON, KY 40505	HEATER/COOLER REPAIRS	242,586
MADE FROM SCRATCH INC  100 STADIUM DR  GEORGETOWN, KY 40324	CATERING	208,919
JENZABAR INC PO BOX 845939 BOSTON, MA 02284	SOFTWARE SUPPORT	183,674
ERNEST TODD MAPLES 150 JESSELIN LEXINGTON, KY 40503	CONSTRUCTION/REPAIR	142,635
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶6	who received more than	

Form 9		•	••				Pa	ge <b>9</b>
Part	VIII	Statement of Revenu	ie		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
- A	4-	Fadameted common and						512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns	. 1c . 1d . 1e and 1f	1,378,724 5,057,504 366,739				
Cor	h	Total. Add lines 1a-1f			6,436,228			
Program Service Revenue	2a	TUITION AND FEES		Business Code 611710	37,798,436	37,798,436		
e Re	b							
erws	d		<u> </u>					
ខ្មា	e							
ୁଆୟ	f	All other program service rev	enue					
Ğ	g	Total. Add lines 2a-2f			37,798,436			
	3	Investment income (including and other similar amounts).  Income from investment of tax-executions.			1,491,622			1,491,622
	5	Royalties						
	62	Gross Rents	(ı) Real 106,009	(II) Personal				
		Less rental	47,078					
	c	expenses Rental income	58,931					
	d	or (loss) Let rental income or (loss)			58,931		58,931	
			(i) Securities	(II) O ther	· · · · · · · · · · · · · · · · · · ·			
		Gross amount from sales of assets other than inventory	6,917,586					
	Ь	Less cost or other basis and	7,624,023	208,967				
	c	sales expenses Gaın or (loss)	-706,437	-208,967				
	d	Net gain or (loss)			-915,404			-915,40
Other Revenue	8a	Gross income from fundraising (not including \$ of contributions reported on I See Part IV, line 18	ıne 1c)					
1er			a					
₹		Less direct expenses						
		Net income or (loss) from fun	ctivities See Part IV, line 19 . a					
		Less direct expenses		ь				
	С	Net income or (loss) from gai	ming activities					
	10a	Gross sales of Inventory, les returns and allowances	a a	5,588,667				
		Less cost of goods sold .  Net income or (loss) from sa  Miscellaneous Revenue		3,720,832	1,867,835			1,867,83
	11a	AUXILIARY ENTERPRISES		611710	5,673,518	5,673,518		
	_	PARKING AND CAMP		531390	300,548		300,548	
		CATERING/CONFERENCE	DE	722320	222,273		222,273	
		All other revenue			824,937 7,021,276		158,520	
	12	Total revenue. See Instruction	ons <del> -</del>		53,758,924		740,272	2,444,053

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 (x) but are not required to coop, or 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 $$		·		· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	19,515,594	19,515,594		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,228,127		1,228,127	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,126,307	12,481,320	1,906,151	738,836
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,385,879	2,806,221	453,597	126,061
10	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal	33,305		33,305	
С	Accounting	81,510		81,510	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	877,621	540,592	246,810	90,219
12	Advertising and promotion	93,520	10,582		82,938
13	Office expenses	3,430,499	3,254,477	104,340	71,682
14	Information technology	244,622	244,622		
15	Royalties				
16	Occupancy	1,792,581	528,005	1,264,576	
17	Travel	190,465	85,052	79,125	26,288
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,147,719	1,931,373	216,346	
21	Payments to affiliates	0.764.564	2.764.564		
22	Depreciation, depletion, and amortization	2,764,561	2,764,561	205.025	
23 24	Insurance	368,277	71,441	296,836	
а	STUDENT PROGRAMS	867,470	867,470		
b	REPAIRS & MAINTENANCE	787,313	41,616	745,697	
c	ATHLETIC PROGRAMS	530,780	530,780		
d	MISCELLANEOUS	274,215		221,934	52,281
e	SUPPLIES	227,766		179,580	48,186
f	All other expenses	550,063	99,498	435,485	15,080
25	Total functional expenses. Add lines 1 through 24f	54,518,194	45,773,204	7,493,419	1,251,571
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				•
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 2,346,419 1,605,257 1 2 103,808 2 Savings and temporary cash investments . . . . . . . 41,191 848,666 1,447,711 3 3 3,313,092 3,341,151 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 737,791 8 685,822 511,181 9 573,158 10a Land, buildings, and equipment cost or other basis Complete 89.859.514 Part VI of Schedule D 10a 10b 45.828.123 44,050,343 b Less accumulated depreciation . . . . . 10c 44,031,391 34.008.690 40.559.984 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 6,827,816 15 7,234,080 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 92,685,189 16 99,582,362 **17** 2,913,951 17 2.952.079 Accounts payable and accrued expenses . 18 18 652,970 19 19 1,767,575 20 38,015,000 37,460,000 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 316.356 23 254.039 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 14.236.681 25 13.466.310 26 56,134,958 26 55.900.003 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . -2.021.074 -1,467,152 Temporarily restricted net assets . . . . . 4,119,795 8,856,249 28 28 Fund 34,451,510 36,293,262 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 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 32 Retained earnings, endowment, accumulated income, or other funds ž 36,550,231 43,682,359 33 33 Total net assets or fund balances . . . . . Total liabilities and net assets/fund balances . . . . . 34 92.685.189 99,582,362 34

14:1	Check if Schedule O contains a response to any question in this Part XI			河.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53.3	758,92
2	Total expenses (must equal Part IX, column (A), line 25)	2			518,19
3	Revenue less expenses Subtract line 2 from line 1	3		- 7	759,27
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,!	550,23
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,8	891,39
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		43,6	682,35
Par	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			F	1
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
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 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 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 on a separate basis, consolidated basis, or both	ıssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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

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

DLN: 93493136020902

OMB No 1545-0047

OMB No 1545-004

2040

Open to Public Inspection

### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization GEORGETOWN COLLEGE

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Employer identification number

61-0444695

1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).				
2	굣	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )											
3	Г	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Г	A medi	cal research	n organization operat	ed in conjun	ction with a	hospital desc	ribed in <b>sec</b>	tion 170(b)(1	L)(A)(	iii). Ent	er the	
				ty, and state	-		•				-		
	_	-											
5	ı			erated for the benefit		or universit	ty owned or o	perated by a	government	al unit	describ	ed in	
	_			A)(iv). (Complete P									
6	<u> </u>			local government or	_								
7	ı	An orga describ		at normally receives	a substantia	I part of its	support from	a governme	ntal unit or fro	om the	genera	l public	3
				A)(vi) (Complete P	art II)								
8	Г			described in <b>section</b>		<b>A)(vi)</b> (Con	nplete Part II	)					
9				at normally receives					outions, meml	bershij	p fees, a	and gro	ss
		_		ities related to its ex								_	
		ıts sup <sub>l</sub>	port from gr	oss investment incoi	me and unrel	ated busine	ss taxable ın	come (less	section 511 t	ax) fro	m busır	nesses	
		acquire	d by the org	janızatıon after June	30,1975 S	ee <b>section 5</b>	<b>509(a)(2).</b> (C	omplete Par	tIII)				
10	$\Gamma$	An orga	anızatıon orç	ganızed and operated	dexclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).				
11	$\Gamma$			ganized and operated									
				ly supported organiza						e <b>sect</b>	ion 509	(a)(3).	Check
			Type I	bes the type of supp			ompiete iine: Functional -				Type I	II - Otl	her
e	Г		, ,	ox, I certify that the				-					
	·			on managers and oth									
_			509(a)(2)										
f			rganization this box	received a written de	etermination	from the IR	S that it is a	Type I, Type	e II or Type I	II sup	porting	organiz	zation,
g				2006, has the organı	zation accep	ted any gift	or contribution	on from any	of the				,
		followin	ng persons?										
				rectly or indirectly c				persons des	cribed in (ii)			Yes	No
				governing body of th		_	ation?				11g(i)		<u> </u>
				er of a person descril							11g(ii)		<del>                                     </del>
				led entity of a persoi							11g(iii	)	<u> </u>
h		Provide	the following	ng information about	the supporte	ed organizat	ion(s)						
				(iii)			1		1		Т		
				Type of	(iv)		(v)		(vi)				
	(i)	ı		organization	Is the organizati		Did you not	•	Is the	e			.::\
	Name		(ii)	(described on	col (ı) lıst		organizati		organızatı			-	<b>/ii)</b> unt of
9	suppo			lines 1- 9 above	your gove		col (ı) of		col (ı) orga				port
10	rganız	atıon		or IRC section	docume		suppor	t?	in the U	S ?		Sup	ροιτ
				(see inst ruct ions))	Yes	No	Yes	No	Yes	No			
								<del> </del>	1	<u> </u>			
ota	1												

# 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)					<u> </u>	
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

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DLN: 93493136020902

OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Internal Rev	venue Service		Attach to Form 990 of Form 990	-cz. 🕶 See separat	e instructions.	Inspection
If the o	rganization an	swered "Ye	s," to Form 990, Part IV, Line 3, o	r Form 990-EZ, Pa	art V, line 46 (Political Can	
then						
			mplete Parts I-A and B Do not comple			
	on 501(c) (otner on 527 organizat		01(c)(3)) organizations Complete Pa	irts I-A and C below	/ Do not complete Part I-B	
	•	•	s," to Form 990, Part IV, Line 4, o	r Form 990-F7 Pa	art VI line 47 (Lohhving A	ctivities) then
			have filed Form 5768 (election unde			
	, , , ,		have NOT filed Form 5768 (election	, ,,	•	•
	•		s," to Form 990, Part IV, Line 5 (P	roxy Tax) or Forn	n 990-EZ, Part V, line 35a	(Proxy Tax), then
	. , , , , ,		rations Complete Part III		T	
	of the organiza ETOWN COLLEGE	tion			Employer ident	tification number
					61-0444695	
Part I	-A Complet	te if the or	ganization is exempt under	section 501(c	) or is a section 527	organization.
<b>1</b> P	rovide a descrip	otion of the org	janization's direct and indirect polit	ıcal campaıgn actı	vities in Part IV	
<b>2</b> P	olitical expendi	tures			▶	\$
_	olunteer hours					
Part I	<b>-</b> B Complet	te if the or	ganization is exempt under	section 501(c	:)(3).	
<b>1</b> E	nter the amount	t of any excise	tax incurred by the organization ur	ider section 4955	▶	\$
<b>2</b> E	nter the amount	t of any excise	tax incurred by organization manag	gers under section	4955	\$
<b>3</b> I1	f the organızatıo	n incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
<b>4a</b> W	/as a correction	made?				┌ Yes ┌ No
b If	f "Yes," describ	e ın Part IV				
Part I	-C Complet	te if the or	ganization is exempt under	section 501(c	) except section 501	(c)(3).
<b>1</b> E	nter the amount	t dırectly expe	nded by the filing organization for s	ection 527 exemp	t function activities 🕨	\$
	nter the amount xempt funtion a		rganızatıon's funds contributed to o	ther organizations	for section 527 ▶	\$
<b>3</b> T	otal exempt fun	ction expendit	cures Add lines 1 and 2 Enter here	and on Form 1120	O-POL, line 17b ►	\$
<b>4</b> D	ıd the filing orga	anızatıon file <b>F</b>	orm 1120-POL for this year?			┌ Yes ┌ No
o a	rganızatıon mad mount of politic	le payments F al contributior	nd employer identification number (E for each organization listed, enter the is received that were promptly and op- political action committee (PAC) If	ne amount paid from directly delivered t	m the filing organization's fu to a separate political organ	unds Also enter the nization, such as a
	(a) Name	)	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
				+	+	

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

•	,	•	3
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under	section 501(h)).	

		(6	1)	(b)
		Yes	No	Amount
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV	Yes		487
j	Total lines 1c through 1i			487
a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
ы	+ TU-A. Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/5)	r section

# 501(c)(6).

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

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

	answered "Yes".	,	
1	Dues, assessments and similar amounts from members	1	

- Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year
- C
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
  - Taxable amount of lobbying and political expenditures (see instructions)

### Part IV Supplemental Information

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

title of termiprote time part to tally and		
Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		THE COLLEGE PAYS DUES TO VARIOUS ASSOCIATIONS OF WHICH A PERCENTAGE OF THOSE DUES ARE USED FOR LOBBYING PURPOSES DUES PAID TO THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES WERE \$4,444 OF WHICH 6% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE KENTUCKY CHAMBER OF COMMERCE WERE \$965 OF WHICH 15% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE KENTUCKY SOCIETY OF CPAS WERE \$235 OF WHICH 10% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE AMERICAN BAR ASSOCIATION WERE \$399 OF WHICH 25% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS WERE \$275 OF WHICH 3 9% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE COMMERCE LEXINGTON WERE \$634 OF WHICH 5% WAS USED FOR LOBBYING PURPOSES

2a

2b **2**c

3

4

5

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

DLN: 93493136020902

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	ne of the organization RGETOWN COLLEGE		Employer identification number				
	NOLTOWN COLLEGE		61-0444695				
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99				·		
	Total number at end of year	(a) Donor advised lunds	(	( <b>b)</b> Funds and ot	ner accounts		
	•						
	Aggregate contributions to (during year)  Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?			┌ Yes ┌	- No	
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose		_ No	
I	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV	line 7.		
	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of ar Preservation of a	certified	d historic struct	-		
	easement on the last day of the tax year			Hold at the	End of the Ye		
	Total number of conservation easements		2a	Heid at the	ing of the Ye	<u> </u>	
	Total acreage restricted by conservation easements		2a 2b				
	Number of conservation easements on a certified his		20 2c				
	Number of conservation easements included in (c) a		2d				
	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, or terminate	ed by th	e organization d	uring		
	$\label{lem:number of states} \textbf{Number of states where property subject to conserv}$	ation easement is located ►					
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes ┌	- No	
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easen	nents dı	uring the year 🛌			
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	g the year ► \$ _			
	Does each conservation easement reported on line $270(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sec	ction		┌ Yes ┌	- <sub>No</sub>	
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia ments	l staten	nents that descr	ıbes		
ď	Complete if the organization answered		or Oth	her Similar A	ssets.		
	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 fire	l for public exhibition, education or resear	ch in fu				
	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> \$	121	,19	
	(ii) Assets included in Form 990, Part X			<u></u> -	995	,7 5 <u>9</u>	
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan				
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> - ⊄			
				- +			
	Assets included in Form 990, Part X			<b>-</b> \$			

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torical T	reasu	<u>ires, or Oth</u>	<u>191</u>	<u>' Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following	that ar	e a significan	t us	se of its co	llection	1	
а	Public exhibition		d	✓ Loan	orexc	hange prograr	ms				
b	Scholarly research		e	✓ Othe	r ART	HISTORY AN	۱D	STUDIO			
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they furth	er the o	organization's	ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						sım	ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	"Ye	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for contrib	utions	or other asset	s n	iot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng table		_			Amou	ınt	
c	Beginning balance					1	_		Alliot		
d	Additions during the year					10	$\dashv$				
e	Distributions during the year					10	$\dashv$				
f	Ending balance					1	$\dashv$				
2a	Did the organization include an amount on Fo	orm 000 Bart V line	211				<u>'                                    </u>			Yes	
	If "Yes," explain the arrangement in Part XIV		21,						'	165	1 140
	rt V Endowment Funds. Complete		2 2 2 2	word "Ve	s" to	Form 990 B	)a ri	t TV line	10		
Гa	Endowment Funds. Complete	(a)Current Year		Prior Year		wo Years Back				)Four Y	ears Back
1a	Beginning of year balance	30,044,170	`	29,348,53		30,157,392	_		ì	,	
b	Contributions	1,043,184		284,65	52	417,706					
С	Investment earnings or losses	6,364,813		540,02	24	-1,110,022					
d	Grants or scholarships										
e	Other expenditures for facilities and programs	1,162,706		129,04	¥1	116,541					
f	Administrative expenses										
g	End of year balance	36,289,461		30,044,17	70	29,348,535					
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	3 630 %									
b	Permanent endowment - 81 050 %										
c	Term endowment ► 15 320 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are hel	d and a	admınıstered f	ort	the			
	organization by							ı		Yes	No
	(i) unrelated organizations						•		3a(i)	Yes	
	(ii) related organizations						•		3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•			• •		•		3b		
4					)OO D	ant V line 1					
1261	t VI Investments—Land, Buildings	s, and Equipme	<u>πτ. 5</u>						Т		
	Description of investment			(a) Cost or basis (inves		( <b>b</b> )Cost or other basis (other)	er	(c) Accumu depreciat		( <b>d</b> ) Bo	ok value
1a	Land					871,2	03				871,203
b	Buildings					57,151,5	17	20,87	72,261	3	6,279,256
C	Leasehold improvements		•			5,635,4	33	4,62	22,676		1,012,757
d I	Equipment					24,575,38	81	19,75	52,151		4,823,230
	Other					1,625,9	80	58	31,035		1,044,945
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line 10(c).	)		_	▶		4	4,031,391
								Sched	ule D (F	orm 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation
(1)Financial derivatives		Cost of elia-of	f-year market value
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
			od of valuation
(a) Description of investment type	(b) Book value	Cost or end-or	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip	ption		(b) Book value
(1) DEPOSITS			1,000
(2) BOND ISSUANCE COSTS			344,887
(3) FUNDS HELD IN TRUST BY OTHERS			6,283,979
(4) OTHER ASSETS			604,214
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			7,234,080
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEPOSITS AND AGENCY FUNDS	1,085,241		
ADVANCES FOR STUDENT LOANS	1,580,863		
ASSET RETIREMENT OBLIGATION	1,074,342		
INTEREST RATE SWAP AGREEMENT	5,861,028		
POST RETIREMENT BENEFIT OBLIGATION	1,544,600		
ANNUITY PMT LIABILITY	2,320,236		
	2,323,230		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	13,466,310		
	,,		

j Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,758,924
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,518,194
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-759,270
4	Net unrealized gains (losses) on investments	4	7,298,217
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	593,181
9	Total adjustments (net) Add lines 4 - 8	9	7,891,398
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,132,128
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	46,390,433
2	Amounts 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	12,147,103
3	Subtract line <b>2e</b> from line <b>1</b>	3	34,243,330
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	19,515,594
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	53,758,924
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	39,258,305
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	4,255,705
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,002,600
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	19,515,594
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	54,518,194
Par	TXIV Supplemental Information		

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE DR DONALD L AND DOROTHY JACOBS COLLECTION AT GEORGETO WN COLLEGE IS A PERMANENT GALLERY OF MORE THAN 100 MODERN AND CONTEMPORARY WORKS OF ART, ALONG WITH AN OUTSTANDING COLLECTION OF ARTIFACTS FROM FIVE CONTINENTS THE PERMANENT COLLECTION AT GEORGETOWN COLLEGE COMPRISES APPROXIMATELY 200 WORKS OF ART, DATING FROM THE SIXTEENTH-CENTURY THROUGH 2009, WITH THE MAJORITY OF PIECES HAVING BEEN CREATED IN THE TWENTIETH CENTURY GEORGETOWN COLLEGE ALUMNI AND THE ARTIST DONATED MANY OF THE PIECES, HOWEVER THE COLLECTION CONTAINS A FEW PIECES FROM NOTED ARTISTS, SUCH AS SALVADOR DALI, ANDO HIROSHIGE, JASPER JOHNS, PIERRE AUGUSTE RENOIR, AND GEORGE TURNER THE ANN WRIGHT WILSON FINE ARTS GALLERY AND THE COCHENOUR GALLERY AT GEORGETOWN COLLEGE OFFER TEMPORARY EXHIBITIONS YEAR ROUND FEATURING THE WORK OF INTERNATIONAL, NATIONAL AND REGIONAL ARTISTS THE LIVE LEARN BELIEVE OUTDOOR SCULPTURE EXHIBITION EXEMPLIFIES QUALITY SCULPTURE, BEAUTIFIES THE COLLEGE CAMPUS, EXPOSES STUDENTS AND VISITORS TO ARTWORK THAT IS OPENLY ACCESSIBLE AND OUTSIDE OF CONVENTIONAL GALLERY SPACE, AND PROVIDES AN ENVIRONMENT FOR INTELLECTUAL GROWTH WHERE STUDENTS AND THE COMMUNITY CAN VIEW AND LEARN ABOUT ART THESE COLLECTIONS ARE AVAILABLE FOR STUDY AND USE BY THE COLLEGE AND COMMUNITY AND SUPPLEMENT THE ACADEMIC PROGRAM THROUGH A CULTURAL ENRICHMENT PROGRAM OFFERING INTELLECTUAL, CULTURAL, AND RELIGIOUS EXPERIENCES AND ENABLE MEMBERS OF THE COLLEGE COMMUNITY TO BROADEN THEIR AWARENESS OF CULTURAL DIVERSITY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE AMOUNTS RECEIVED FROM DONORS WHOSE INCOME IS DESIGNATED FOR A SPECIFIC PURPOSE OF THE COLLEGE ALMOST ALL OF THE INVESTMENT INCOME EARNED BY THESE FUNDS SUPPORTS SCHOLARSHIPS AND THE BUDGET OF THE COLLEGE SOME SMALLER AMOUNTS ARE DESIGNATED FOR FACULTY AWARDS, FACULTY OR STUDENT SCHOLARSHIP TRAVEL AND OTHER MISCELLANEOUS PURPOSES RELATED TO THE COLLEGE'S EDUCATIONAL MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE HAS EVALUATED THE TAX POSITIONS TAKEN ON ALL INCOME TAX RETURNS THAT REMAIN OPEN TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES (THOSE RETURNS FILED FOR THE YEARS 2008 THROUGH 2010) AND DOES NOT BELIEVE THERE ARE ANY UNCERTAIN POSITIONS ON THOSE RETURNS THAT SHOULD IMPACT THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FMV OF SWAP AGREEMENT 1,080,976 ANNUITIES AND LIFE INCOME FUNDS -487,795
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD NETTED AGAINST REVENUE ON FORM 990 3,720,832 RENTAL EXPENSES NETTED AGAINST REVENUE ON FORM 990 47,078 CHANGE IN FMV OF INTEREST RATE SWAP 1,080,976
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS 19,515,594
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD NETTED AGAINST REVENUE ON FORM 990 3,720,832 RENTAL EXPENSES NETTED AGAINST REVENUE ON FORM 990 47,078 ADJUSTMENT FOR ACTUARIAL LIABILITY FOR ANNUITIES AND LIFE INCOME FUNDS 487,795
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS 19,515,594

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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** 

GEOR	RGETOWN COLLEGE					
		1-0444695		VEC	- NO	
Ра	rtI			YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its 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 in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?						
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or 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 described explain If you need more space use Part II	ram, ın a way	3	Yes Yes		
4	Does the organization maintain the following?					
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?						
C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?						
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?						
_	If you answered "No" to any of the above, please explain If you need more space, use Part II					
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No	
b	Admissions policies?		5b		No	
c	Employment of faculty or administrative staff?		5c		No	
d	Scholarships or other financial assistance?		5d		Νo	
е	Educational policies?		5e		Νo	
f	Use of facilities?		5f		Νo	
g	Athletic programs?		5g		Νo	
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No	
_	Does the augment of the first o		6a	Yes		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? <b>b</b> Has the organization's right to such aid ever been revoked or suspended?						
If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05						
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Par		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)

ny other additional information (see instructions)							
ldentifier	Return Reference	Explanation					
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	PRINT ADVERTISING FOR GEORGETOWN COLLEGE THAT TARGETS PROSPECTIVE STUDENTS INCLUDES THE STATEMENT "GEORGETOWN COLLEGE ADMITS STUDENTS OF ANY RACE, COLOR AND NATIONAL OR ETHNIC ORIGIN" THE SAME STATEMENT APPEARS ON APPLICATIONS FOR ADMISSION, THE COLLEGE CATALOGUE AND OTHER PRINTED MATERIALS, E.G. BROCHURES AND FLYERS, DISTRIBUTED TO PROSPECTIVE STUDENTS THERE WAS, HOWEVER, A DOCUMENT KNOWN AS THE VIEW BOOK WHICH WAS PRINTED THAT DID NOT INCLUDE THE NON-DISCRIMINATION STATEMENT THAT HAS BEEN CORRECTED AND FUTURE PRINTINGS WILL HAVE IT GEORGETOWN COLLEGE'S LIMITED AMOUNT OF BROADCAST ADVERTISING WAS INSTITUTIONAL IN NATURE AND DID NOT INCLUDE THE STATEMENT SINCE IT WAS NOT DIRECTED SPECIFICALLY TO PROSPECTIVE STUDENTS THE TELEVISION COMMERCIAL, ORIGINALLY PRODUCED IN 2006, DID DEPICT THE PRESENCE OF PERSONS OF COLOR THEREBY INDICATING ACCEPTANCE OF MINORITIES ON THE COLLEGE'S CAMPUS					
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FUNDS FROM THE FEDERAL GOVERNMENT, PRIMARILY FROM PROGRAMS OVERSEEN BY THE U.S. DEPARTMENT OF EDUCATION, WHICH ARE USED TO PROVIDE FINANCIAL AID AND/OR LOANS TO STUDENTS ATTENDING THE COLLEGE. IN ADDITION, THE COLLEGE RECEIVES OTHER FEDERAL FUNDS, AND FUNDS FROM THE KENTUCKY DEPARTMENT OF EDUCATION, WHICH ARE RELATED TO GRANTS THAT FURTHER THE COLLEGE'S EDUCATIONAL MISSION					

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493136020902

OMB No 1545-0047

### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

► 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.

Open to Public

	ar revende convice						
	ne of the organization					Employer identif	ication number
GEC	RGETOWN COLLEGE					61-0444695	
Pa	General Informati "Yes" to Form 990, P			the United States	. Complete	e if the organiza	tion answered
1	For grantmakers. Does the			ords to substantiate t	he amount	of the grants o	r
	assistance, the grantees' e	_				_	
	the grants or assistance? .	= :	=				┌ Yes ┌ No
2	For grantmakers. Describe in F United States	art V the orgar	nization's proce	dures for monitoring the	use of grant	t funds outside the	<u> </u>
3	Activites per Region (Use Par	rt V ıf addıtıona	I space is neede	ed )			
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region o independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program se specif service(	listed in (d) is a ervice, describe ic type of s) in region	(f) Total expenditures for region/investments in region
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	STUDY ABR	ROAD	9,83
	EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICE	STUDY ABR	ROAD	37,77
	EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICE	REGENT'S F		221,23
	NORTH AMERICA			PRO GRAM SERVICE	STUDY ABR	ROAD	12,59
	SOUTH AMERICA			PROGRAM SERVICE	STUDY ABR	ROAD	9,60
	SUB-SAHARAN AFRICA			PRO GRAM SERVICE	STUDY ABR	ROAD	1,30
	EUROPE (INCLUDING ICELAND)			PRO GRAM SERVICE	SEMINARS,	/CONFERENCES	2,46
	SOUTH AMERICA			PROGRAM SERVICE	STUDENT RECRUITMI	ENT FAIR	7,10
		<u> </u>					
		<u> </u>					
		<u> </u>					

0

0

301,898

301,898

Pa	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1	(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 nui tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized	as . 🟲		
3	Enter total number of other organizations or entities									

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
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### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	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)	Γ	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)	Γ	Yes	V	Νo
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)	Г	Yes	<b>▽</b>	Νo
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)	Г	Yes	굣	Νo
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).	Г	Yes	দ	No

Schedule F (Form 990) 2010

### **Additional Data**

Software ID:

**Software Version: EIN:** 61-0444695

Name: GEORGETOWN COLLEGE

Schedule F (Form 990) 2010

Page **5** 

### Part V Supplemental Information

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

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Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

DLN: 93493136020902

### Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States

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

**Inspection** 

Name of the organization	Employer identification number						
GEORGETOWN COLLEGE	61-0444695						
Part I General Information	on on Grants and	Assistance					
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or ass ation's procedures fo	r monitoring the use o	f grant funds in the Unite				✓ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	1 01(c)(3) and govern	nent organizations	1	1		<u>-</u>	
3 Enter total number of other orga							
		<u> </u>		<u> </u>	· · · · ·		

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount 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) SCHOLARSHIPS	1229	19,515,594			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FOR GRANTS RECEIVED BY THE COLLEGE, GRANTS ARE CONTROLLED BY A
MONITORING GRANTS		DESIGNATED RESPONSIBLE PERSON ON CAMPUS, WHO IS TYPICALLY THE PERSON WHO APPLIES FOR THE
IN THE U S		GRANT ALL PROPOSED EXPENDITURES FROM THE GRANT MUST BE APPROVED BY THAT PERSON THE
		ACCOUNTING DEPARTMENT REVIEWS THE INVOICE FOR APPROPRIATENESS WITH THE NATURE OF THE GRANT,
		REVIEWS THE ACTUAL TRANSACTION TO MAKE SURE THAT IT IS ADEQUATELY SUPPORTED, AND REVIEWS THE
		TRANSACTION TO BE SURE THAT IT IS AN ALLOWABLE EXPENSE UNDER FEDERAL LAW EACH GRANT IS ASSIGNED
		ITS OWN SET OF GENERAL LEDGER ACCOUNTS TO SEGREGATE THE EXPENSES AND GRANT INCOME FROM OTHER
		EXPENDITURES AND REVENUES OF THE COLLEGE IF THE GRANT IS A REIMBURSEMENT GRANT, THE COLLEGE
		PERIODICALLY DRAWS FUNDS DOWN FROM THE GRANTOR BASED ON THE ACTUAL EXPENSES INCURRED WHEN
		REPORTS ARE DUE TO THE GOVERNMENT OR OTHER GRANTOR, THE RESPONSIBLE PERSON PREPARES THE
		REPORT WITH ASSISTANCE OF THE ACCOUNTING DEPARTMENT TYPICALLY, THESE REPORTS ARE SIGNED BY
		THE RESPONSIBLE PERSON AND THE CFO OR PRESIDENT OF THE COLLEGE CERTIFYING THE ACCURACY OF THE
		REPORT GRANTS SHOWN ON PART III ARE SCHOLARSHIPS SCHOLARSHIPS ARE GRANTED IN TWO FORMS FIRST,
		SOME SCHOLARSHIPS ARE FUNDED BY DONOR GIFTS OR INVESTMENT INCOME FROM DONOR GIFTS THESE
		SCHOLARSHIPS MUST BE GRANTED AS THE DONOR HAS SPECIFIED AT THE TIME OF THE GIFT THE STUDENT
		MUST MEET THE DESIGNATED REQUIREMENTS OF THE DONOR SECOND, THE COLLEGE ALSO AWARDS
		SCHOLARSHIPS FROM GENERAL COLLEGE REVENUES THESE SCHOLARSHIPS ARE AWARDED BASED ON
		ACADEMIC ACHIEVEMENT AND FINANCIAL NEEDS WHICH IS CONSISTENT WITH INDUSTRY STANDARDS

DLN: 93493136020902

OMB No 1545-0047

### 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.

Open to Public Inspection

Name of the organization  GEORGETOWN COLLEGE  Employer identification			nber	
GEC	61-0444695			
Pa	Tt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Form 990 of other organizations  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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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	l _		١
a	The organization?	5a		No
Ь	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
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		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		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 in Part III	8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WILLIAM H CROUCH JR	(I) (II)	233,049 0	0	/	7,710 0	21,275 0	303,864 0	0
(2)						-		
(3)								
(4)								
(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
	PART I, LINE	FIRST CLASS OR CHARTER TRAVEL IS PROVIDED ONLY IN CERTAIN LIMITED SITUATIONS THE PRESIDENT'S WIFE SOMETIMES ACCOMPANIES THE
	1A	PRESIDENT ON OFFICIAL BUSINESS FOR THE COLLEGE IN THOSE INSTANCES, THE COLLEGE WILL SOMETIMES PAY THE TRAVEL EXPENSES
		CELLULAR PHONE FRINGE BENEFITS ARE GROSSED UP FOR TAX TREATMENT THE PRESIDENT RESIDES IN A DWELLING OWNED BY THE COLLEGE,
		WHICH IS PROVIDED TO HIM FOR HIS USE THE COLLEGE PAYS THE SOCIAL CLUB DUES FOR THE PRESIDENT

Schedule J (Form 990) 2010

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

DLN: 93493136020902 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization GEORGETOWN COLLEGE Employer identification number

GEU	RGETOWN COLLEGE								6	1-044	1695			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	e <b>(f</b>	f) Description	of Purpose	( <b>g)</b> De	feased	( <b>h)</b> O eased Behalf Issue		If of Inanc	
									Yes	No	Yes	No	Yes	No
A 	CITY OF GEORGETOWN AND GEORGETOWN COLLEGE PROJECT	61-6001830	372730CJ8	05-17-2006	39,640,00	00 OUT	REFUNDING OF THE OUTSTANDING COLLEGE 2000 AND 2002 REVENUE BONDS			х		X	<del></del>	Х
_														
Pa	rt II Proceeds				<u> </u>								<u> </u>	
			Α		_	3		С		<u> </u>	D			
1	A mount of bonds retired		555,000	0					<u> </u>					
2	Amount of bonds legally defea									<u> </u>		!		
3	Total proceeds of issue	_	39,	,640,000	0									
4	Gross proceeds in reserve fund													
5	Capitalized interest from proce													
6	Proceeds in refunding escrow				39,	,126,304	4							
7	Issuance costs from proceeds					513,696	6							
8	Credit enhancement from proc	eeds												
9	Working capital expenditures f	from proceeds												
10	Capital expenditures from proc	ceeds										T		
11	Other spent proceeds											T		
12	O ther unspent proceeds													
13	Year of substantial completion	ı			2006									
					Yes	No	Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as part of a current refunding issue?					X								
15	Were the bonds issued as part of an advance refunding issue?			X										
16	Has the final allocation of proceeds been made?			×										
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х									
Par	t IIII Private Business U	Jse			<u> </u>									
					A			3		С			D	
					Yes	No	Yes	No	Yes		No	Yes		No
1	Was the organization a partner	r in a partnership, o	ra member of an l	LLC, which owned		Χ								

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

property financed by tax-exempt bonds?

financed property?

2

Part III Private Business Use (Continued)

	1 11 vate basiness ose (continued)								
		Α			В	С			D
		Yes	No	Yes	No	Yes	No	Yes	No
За	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?		х						
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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Da	4 TV Arbitrago								

Part IV Arbitrage

		Α		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?	Х							
2	Is the bond issue a variable rate issue?	х							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х							
b	Name of provider	FIFTH THIRD	BANK						
С	Term of hedge	24 00000000000							
d	Was the hedge superintegrated?		Х						
e	Was a hedge terminated?		Х						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?		Х						

## Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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As Filed Data -

**Transactions with Interested Persons** 

DLN: 93493136020902

### Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGETOWN COLLEGE

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	1	(a) Name of disqu	ualıfıed	person		(h	<b>)</b> Desc	ription	of trans	action		Cor	(c) recte
Section 4958				·									N
Section 4958													
Section 4958													
Section 4958													
Section 4958													
Section 4958													+
Section 4958													
Section 4958													
Benter the amount of tax, if any, on line 2, above, reimbursed by the organization			ed on ti	he orgar					-	ear unde	r • \$ —		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (b) Loan to or from the organization?  To From  To From  (c)Original principal amount  (d)Balance due default?  Yes No Yes No Yes  No Yes  To From		, on line	e 2, abo						•	• \$			
Name of interested person and purpose	rt II								- 000 [	7 D \	/ l.m 2.0		
Name of interested person and purpose or from the organization?  To From Committee?  T		Complete if the organiz			i res oli roli	1990, Pait IV, I	ille 26	, 01 -011	11 990-6			o a	
To From Yes No Y	) Name	· · · · · · · · · · · · · · · · · · ·	or fro	m the			(d)Balance due			by board or		(g)Written agreement?	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists			То	From				Yes	No			Yes	No
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists.													$\vdash$
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists.													
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists.													
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists.									<u> </u>				-
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assists	al .		٠		🕨	 \$							
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assist.	rt III								_	•		•	
(a) Name of interested person and the organization (c) A mount of grant or type of assist		Complete if the orga	nızatıd						27.				
RELATIVES OF OFFICERSTRUSTEES OFFICERS/TRUSTEES \$83,926 SCHOLARSHIPS	(6	a) Name of interested pers	on	'	-		eu pei	5011	<b>(c)</b> A m	ount of g	rant or t	ype of assi	stanc
	RELA	TIVES OF OFFICERSTRUS	STEES	O F	FICERS/TRUST	EES		\$	83,926	SCHOLA	RSHIPS	5	
l I													

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organiza	tion answered "Yes" on	Form 990, Part IV, lıı	ne 28a, 28b, or 28c.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
(1) MR MIKE SCANLON	HE WAS A TRUSTEE FOR A SHORT TIME DURING THE FISCAL YEAR ENDED 6/30/11	30,000	IN SEPTEMBER 2003, THE COLLEGE ENTERED INTO A 10-YEAR LEASE, LICENSE, AND NAMING RIGHTS AGREEMENT FOR ITS CONFERENCE CENTER WITH A COMPANY OF WHICH MR SCANLON IS A SIGNIFICANT OWNER AND IS THE CHIEF EXECUTIVE OFFICER THE COLLEGE RECEIVES \$30,000 IN RENTAL INCOME FROM THE COMPANY EACH YEAR FOR FIVE ROOMS AT THE CONFERENCE CENTER IF THE ROOMS ARE NOT IN USE, THE COLLEGE MAY RENT FOUR OF THE ROOMS TO OTHERS THE COLLEGE'S ANALYSIS IS THAT THE RENTAL PAYMENT TO THE COLLEGE IS AT FAIR MARKET VALUE FOR SIMILARLY SITUATED PROPERTIES	No No
(2) MS PAIGE SHORT	TRUSTEE	15,975	EIGHT MONTHS BEFORE SHE BECAME A TRUSTEE SHE ENTERED INTO A SEVEN- YEAR BUILDING LEASE WITH THE COLLEGE, ENDING MARCH 2013 THE BUILDING HOUSES THE EQUINE SCHOLARS PROGRAM THE COLLEGE BELIEVES THAT THE RENTAL PAYMENTS ARE AT FAIR MARKET VALUE FOR SIMILAR PROPERTIES	No
(3) DR TODD COKE	HIS WIFE, DR ROSEMARY ALLEN IS THE PROVOST OF THE COLLEGE	66,605	DR TODD COKE HAS BEEN A MEMBER OF THE GEORGETOWN COLLEGE FACULTY FOR OVER 20 YEARS MS ALLEN IS THE PROVOST AND IS RESPONSIBLE FOR ACADEMIC PROGRAMS ON CAMPUS DR COKE'S COMPENSATION FOR THE YEAR ENDED 6/30/11 WAS \$66,605 IN SALARY PLUS THE COLLEGE'S STANDARD BENEFITS	No
(4) MR BI HOUSTON	TRUSTEE	50,000	MR BI HOUSTON'S WIFE, DEBBIE, WAS ON THE BOARD OF THE KENTUCKY BAPTIST SEMINARY OF KENTUCKY BEGINNING IN JUNE 2010, THE KENTUCKY BAPTIST SEMINARY ENTERED INTO A LEASE AGREEMENT WITH RENTALS BEGINNING ON AUGUST 1, 2010 FOR SPACE IN THE COLLEGE'S LEARNING RESOURCE CENTER THE SEMINARY PAYS THE COLLEGE \$50,000 IN RENT ANNUALLY THIS AGREEMENT WAS NEGOTIATED IN GOOD FAITH BY THE MANAGEMENT OF BOTH PARTIES AND THEN SUBMITTED TO APPROVAL BY THE TRUSTEES IN ACCORDANCE WITH THE REQUIREMENTS OF THE RESPECTIVE ORGANIZATIONS	No
(5)				No
Dort V Supplemental Tufer	mation			
Part V Supplemental Infor	шатюп			

### Supplemental Information

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

Identifier Return Reference Explanation

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OMB No 1545-0047

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Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization

Employer identification number

GEOR	GETOWN COLLEGE				61-0444695			
Pa	rt I Types of Property			L	01 0111033			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	2	27,110	VALUE PER DONO	R		
2	Art—Historical treasures	Х	1	94,083	VALUE PER DONO	R		
3	Art—Fractional interests							
4	Books and publications	Х		9,695	VALUE PER DONO	R		
	Clothing and household	x		7 355	VALUE PER DONO	_		
good	ds			, ,,,,,	VALUE PER DONO	K		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	X	18	236 720	FAIR MARKET VAL	UF		
	Securities—Closely held stock		10	230,720	TATION TO THE TANK TH	<u> </u>		
	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							
	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts .							
25	Other (SCULPTURE)	×	1	15.000	VALUE PER DONO			
	Other ► ()			13,000	VALUETER DONO			
27	Other ►()							
28	Other ► ( )							
29	Number of Forms 8283 received by	the ora	anızatıon durıng the tax vea	ar for contributions				
	for which the organization complete				29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?				non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

### 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
THIRD PARTY USE	, , , , , , , , , , , , , , , , , , , ,	THE INVESTMENT DEPARTMENT OF FIFTH THIRD BANK RECEIVES ALL OF OUR STOCK GIFTS, SELLS THEM ON OUR BEHALF, AND REMITS NET PROCEEDS TO THE COLLEGE

Schedule M (Form 990) 2010

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OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
GEORGETOWN COLLEGE

**Employer identification number** 

61-0444695

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MR SCANLON, TRUSTEE, AND DR WILLIAM CROUCH, PRESIDENT OF THE GEORGETOWN COLLEGE, ARE INVESTORS AND DIRECTORS OF A COMPANY CALLED NDS, INC MR SCANLON WAS A TRUSTEE OF GEORGETOWN COLLEGE AT THE BEGINNING OF THE YEAR, BUT RESIGNED MR SCANLON AND DR CROUCH OWN 18% OF THE COMPANY STOCK MR JOHN REED IS THE FATHER-IN-LAW OF DAVID JONES BOTH ARE TRUSTEES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COLLEGE FORWARDS A PDF FILE TO THE TRUSTEES ON THE EXECUTIVE/FINANCE COMMITTEE BEFORE THE RETURN IS FILED IN THE AUGUST MEETING, THE COLLEGE WILL GUIDE THE EXECUTIVE/FINANCE COMMITTEE THROUGH THE RETURN AS FILED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL SENIOR MANAGERS ARE VERY CONSCIOUS OF ANY ARRANGEMENTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST, ESPECIALLY RELATED TO DOING ANY BUSINESS WITH A TRUSTEE. SENIOR MANAGERS REPORT ANY POTENTIAL TRANSACTIONS TO THE CFO, WHO IS A CPA ANNUALLY, THE CONFLICT OF INTEREST AND EXCESS BENEFIT POLICIES ARE DISTRIBUTED TO TRUSTEES. THE TRUSTEES ANNUALLY DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST, BUSINESS TRANSACTIONS WITH THE COLLEGE, AND ANY OWNERSHIP INTERESTS WHICH MIGHT GIVE RISE TO A CONFLICT. THE TRUSTEES AND OFFICERS OF THE COLLEGE RESPOND DIRECTLY AND INDIVIDUALLY TO THE QUESTIONS ON PART IV, QUESTION 28 (A) THROUGH (C) OF THIS RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE'S COMPENSATION COMMITTEE, COMPOSED OF THE TRUSTEES THAT SERVE ON THE BOARD OF TRUSTEE'S EXECUTIVE/FINANCE COMMITTEE REVIEWS THE PRESENT SALARY AND APPROVES THE BUDGETED SALARY FOR NEXT YEAR FOR THE EMPLOYEES WITH THE TOP FIVE SALARIES AT THE COLLEGE THIS REVIEW INCLUDES A COMPARISON OF DATA FROM RECOGNIZED SALARY SURVEYS FOR SIMILAR POSITIONS IN THE REGION THE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARY OF SIMILAR POSITIONS IN PEER INSTITUTIONS IN KENTUCKY BY REFERENCE TO THEIR LATEST AVAILABLE TAX RETURNS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE DOES NOT MAKE ITS FINANCIAL STATEMENTS PUBLIC, OTHER THAN IN RESPONSE TO A DONOR'S REQUEST OR A GRANT APPLICATION THE COLLEGE'S BUDGET IS AVAILABLE IN THE ENSOR LEARNING RESOURCE CENTER THE COLLEGE'S CONFLICT OF INTEREST POLICY IS PART OF THE COLLEGE'S POLICIES AND PROCEDURES, WHICH IS AVAILABLE ON THE COLLEGE'S WEBSITE GOVERNING DOCUMENTS ARE FILED WITH THE KENTUCKY SECRETARY OF STATE THE COLLEGE'S FISCAL POLICIES ARE AVAILABLE TO ALL BOARD MEMBERS, THE FINANCIAL STATEMENTS AND AUDIT REPORTS ARE GIVEN TO ALL TRUSTEES EACH YEAR IN ITS OCTOBER MEETING TRUSTEES ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY OF THE COLLEGE AND COMPLETE THE FORM INDICATING WHETHER OR NOT THEY HAVE A CONFLICT

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,298,217 CHANGE IN FMV OF SWAP AGREEMENT 1,080,976 ANNUITIES AND LIFE INCOME FUNDS -487,795 TOTAL TO FORM 990, PART XI, LINE 5 7,891,398

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE COLLEGE'S EXECUTIVE/FINANCE COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
	SCHEDULE E, LINE 3, CONTINUATION	THIS COMMERCIAL WAS LAST BROADCAST IN MARCH 2012, AND THE COLLEGE HAS NO PLANS TO USE IT GOING FORWARD FUTURE ITERATIONS WILL INCLUDE A NON-DISCRIMINATION STATEMENT, HOWEVER THE COLLEGE HAS BEEN AND CONTINUES TO BE RECOGNIZED NATIONALLY FOR ITS DIVERSITY INITIATIVES ARTICLES ABOUT THE COLLEGE'S EFFORTS TO RECRUIT MINORITY STUDENTS HAVE APPEARED IN THE NEW YORK TIMES, DALLAS MORNING NEWS AND THE LOUISVILLE COURIER-JOURNAL NEWSPAPERS THE CONGRESSIONAL BLACK CAUCUS HONORED THE COLLEGE'S INITIATIVES WITH A RECEPTION AT THE UNITED STATES CAPITAL BUILDING PRESIDENT WILLIAM H CROUCH, JR HAS SERVED ON TWO OCCASIONS AS A PANEL MEMBER AND MODERATOR AT THE WORLD DIVERSITY LEADERSHIP SUMMIT AT THE UNITED NATIONS HEADQUARTERS IN NEW YORK, SPEAKS FREQUENTLY TO PRIMARILY AFRICAN AMERICAN CONGREGATIONS AT CHURCHES LIKE ANTIOCH BAPTIST, MEMPHIS, TN, SIXTH AVENUE BAPTIST, BIRMINGHAM, AL, AND ALLEN TEMPLE BAPTIST, OAKLAND, CA, HAS SPOKEN AT DIVERSITY ISSUES AT EDUCATIONAL INSTITUTIONS SUCH AS DUKE UNIVERSITY AND WAS GUEST SPEAKER AT A DIVERSITY SY MPOSIUM IN NASHVILLE, TN, TO NAME BUT A FEW EXAMPLES OF DIVERSITY OUTREACH BECAUSE OF ITS EFFORTS TO DIVERSIFY ITS STUDENT BODY, IN PARTICULAR, AND ITS EMPLOYEES, THE COLLEGE WAS RECENTLY INVITED INTO MEMBERSHIP OF THE SOUTHERN UNIVERSITY CONFERENCE. FROM FYE 6/30/08 TO FYE 6/30/11, THE PERCENTAGE OF MINORITY UNDERGRADUATE STUDENTS ENROLLED AT THE COLLEGE HAS INCREASED FROM 8 5% TO 11 8% IN FEBRUARY 2012, THE COLLEGE WAS RECOGNIZED FOR ITS DIVERSITY EFFORTS BY THE SELECTIVE CORPORATE INTERNSHIP PROGRAM

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DLN: 93493136020902

SCHEDULE R (Form 990)

Name of the organization

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GEORGETOWN COLLEGE				61-0444695			
Part I Identification of Disregarded Entities (Com	plete if the organization	n answered "Yes"	on Form 990, Par	-			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
							•
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		the organization	answered "Yes" o	l on Form 990, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13 trolled nization
(1) GEORGETOWN COLLEGE FOUNDATION INC						Yes	No
400 EAST COLLEGE STREET	SUPPORTING ORGANIZATION FOR GEORGETOWN COLLEGE	кү	501(C)(3)	11A	N/A		No
GEORGETOWN, KY 40324 61-1228041							
						1	
For Privacy Act and Panerwork Reduction Act Notice see the Instru	tions for Form 990	Cat No. 50	1 3 5 Y		Schedule R (I	Form 990'	2010

Part III Identifi because	ication of Related the state of	<b>ed Org</b> ore relat	<mark>anizations Taxa</mark> ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	( <b>h</b> Disprop alloca	ortionate	(i) Code V- amount in be Schedule (Form 10	ox 20 of K-1	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

Part V Transactions With Related Org	<b>ganizations</b> (Complete ıf the organızatıon ans	swered "Yes"	on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in	Parts II, III or IV					Yes	No
f 1 During the tax year, did the orgranization engage	in any of the following transactions with one or more	related organiz	ations listed in Part	s II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royali	ies (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to other org	anızatıon(s)				1b		No
<b>c</b> Gift, grant, or capital contribution from other o	rganızatıon(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for other organ	ızatıon(s)				1d		No
e Loans or loan guarantees by other organizatio	n(s)				1e		No
<b>f</b> Sale of assets to other organization(s)					1f		No
<b>g</b> Purchase of assets from other organization(s)					<b>1</b> g		No
<b>h</b> Exchange of assets					1h		No
i Lease of facilities, equipment, or other assets	to other organization(s)				1i		No
j Lease of facilities, equipment, or other assets	from other organization(s)				1j		No
<b>k</b> Performance of services or membership or fun	draising solicitations for other organization(s)				1k		No
I Performance of services or membership or fund	draising solicitations by other organization(s)				11		No
<b>m</b> Sharing of facilities, equipment, mailing lists, o	or other assets				1m		No
n Sharing of paid employees					1n		No
• Reimbursement paid to other organization for	expenses				10		No
<b>p</b> Reimbursement paid by other organization for	expenses				<b>1</b> p		No
<b>q</b> Other transfer of cash or property to other org	anızatıon(s)				<b>1</b> q		No
r Other transfer of cash or property from other o	rganization(s)				1r		No
2 If the answer to any of the above is "Yes," see	the instructions for information on who must complet	te this line, inc	ludıng covered relatı	onships and transact	ıon thresholds		
	(a) other organization		<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involved		ount
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
									+	$\vdash$	
										1	
							$\vdash$		+	$\vdash$	
										T	
									-	$\vdash$	
										╁	
									+	+	

## Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

# Software ID: Software Version:

**EIN:** 61-0444695

Name: GEORGETOWN COLLEGE

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	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	
BOB COLEMAN TRUSTEE	2 00	Х						0	0	0	
BOB HOOK TRUSTEE	2 00	Х						0	0	0	
CARROLL STEVENS TRUSTEE	2 00	Х						0	0	0	
DAVID JONES TRUSTEE	2 00	Х						0	0	0	
DAVID TRAVIS TRUSTEE	2 00	Х						0	0	0	
DOUGLAS FREEMAN TRUSTEE	2 00	Х						0	0	0	
EARL GOODE TRUSTEE	2 00	Х						0	0	0	
FRANK PENN TRUSTEE	2 00	Х						0	0	0	
FRED BROWNING TRUSTEE	2 00	Х						0	0	0	
GERALD PARKER TRUSTEE	2 00	Х						0	0	0	
GUTHRIE TRUE VICE-CHAIR, TRUSTEE	2 00	Х						0	0	0	
JACK REED TRUSTEE	2 00	Х						0	0	0	
JAMES SHEPHERD TRUSTEE	2 00	Х						0	0	0	
JAMIE HARGROVE TRUSTEE	2 00	Х						0	0	0	
JANICE SHELTON TRUSTEE	2 00	Х						0	0	0	
JOHN STEMPEL TRUSTEE	2 00	Х						0	0	0	
JOHN WARD TRUSTEE	2 00	Х						0	0	0	
BILL BARNETT TRUSTEE	2 00	Х						0	0	0	
MISSY MATTHEWS TRUSTEE	2 00	X						0	0	0	
NICOLE B COLLINSON TRUSTEE	2 00	X						0	0	0	
NORMAN DANIELS TRUSTEE	2 00	Х						0	0	0	
PAIGE SHORT TRUSTEE	2 00	Х						0	0	0	
MIKE SCANLON TRUSTEE	2 00	Х						0	0	0	
RANDY FOX TRUSTEE	2 00	Х						0	0	0	
REZA HASHAMPOUR TRUSTEE	2 00	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	that apply)				(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICHARD GAINES TRUSTEE	2 00	Х						0	0	0
RANDY FIELDS TRUSTEE	2 00	X						0	0	0
SHEILA BAILEY TRUSTEE	2 00	Х						0	0	0
WADE DOSHIER TRUSTEE	2 00	Х						0	0	0
WALTER MALONE TRUSTEE	2 00	Х						0	0	0
WILLIAM J HOUSTON CHAIR, TRUSTEE	2 00	Х						0	0	0
TODD SKAGGS TRUSTEE	2 00	Х						0	0	0
ROSEMARY ALLEN PROVOST/DEAN OF COLLEGE	50 00			х				123,843	0	8,117
WILLIAM H CROUCH JR PRESIDENT	50 00			х				274,879	0	28,985
DARRYL CALLAHAN GENERAL COUNSEL	50 00			х				136,416	0	8,432
JAMES MOAK VP, CFO, TREASURER	50 00			х				133,442	0	8,565
GARVEL KINDRICK VP FOR ENROLLMENT MNGT	50 00			х				107,867	0	7,400
TODD GAMBILL VP STUDENT LIFE	50 00			Х				106,206	0	7,428
JAMES ALLISON ASSOC VP FOR INSTL ADV	50 00			х				81,250	0	6,180
ROBIN OLDHAM ASSIST TO PRESIDENT/BOARD	50 00			х				67,056	0	5,894
DANIEL MILLER VP FOR INSTITUTIONAL ADVAN	50 00			х				83,038	0	5,454
ROBERT LOWDENBACK VP FOR INSTITUTIONAL ADVAN	50 00			Х				50,005	0	2,470
DAVID FORMAN FACULTY, GRADUATE EDUCATION	50 00					Х		102,996	0	6,858
BOBBY BURCHETTE FACULTY, GRADUATE EDUCATION	50 00					Х		101,563	0	6,968