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DLN: 93493136064632

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Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	Revenue	Service	The organization may have to use a copy of this return to satisfy st	ate reporting	requirements	Inspection
A Fo	r the 2	2010 ca	lendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Familiana	identification number
		pplicable	C Name of organization CENTENARY COLLEGE OF LOUISIANA			identification number
Add			Doing Business As		72-0408	915
Nar	ne cha	nge	Doing Datantees 10		E Telephone	e number
Init	ıal retu	rn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(318)86	9-5101
Ter	mınate	d	2911 CENTENARY BOULEVARD			
☐ Am	ended	return	City or town, state or country, and ZIP + 4 SHREVEPORT, LA 71104	•	<b>G</b> Gross rece	pts \$ 42,688,791
☐ App	lication	pending	Since it only by 71101			
			F Name and address of principal officer	<b>H(a)</b> Is this a	group return for aff	iliates? Yes No
			B DAVID ROWE 2911 CENTENARY BOULEVARD	11/1-2	<b>6</b> 61	
			SHREVEPORT,LA 71104		affiliates include	d?
					o exemption i	
		ıpt status	▼ 501(c)(3)	( )		
J W	ebsite	:⊫ ww	W CENTENARY EDU			
<b>K</b> Forr	n of org	ganızatıon	Corporation	<b>L</b> Year of for	mation 1825	<b>M</b> State of legal domicile LA
Pa	rt I	Sumi	mary			
Activities & Governance	F	PROVIDI	escribe the organization's mission or most significant activities  E UNDERGRADUATE AND GRADUATE EDUCATION IN A VARIETY ( RADUATE STUDENTS AND 100 GRADUATE STUDENTS	OF PROGRAM	1S TO APPRO	DXIMATELY 800
9	2 (	Check th	is box 🚩 if the organization discontinued its operations or disposed of	f more than 2!	5% of its net	assets
<b>2</b> 6	1 E	Number	of voting members of the governing body (Part VI, line 1a)	•	3	42
lles			of independent voting members of the governing body (Part VI, line 1b)		4	38
¥.			nber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	760
ă			nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12		6 7a	98,827
	l		ated business taxable income from Form 990-T, line 34		7a 7b	63,480
			.,,	Prior	Year	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)		7,419,136	6,825,148
Ē	9	Prograi	m service revenue (Part VIII, line 2g)		19,968,526	19,175,487
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		2,455,839	3,260,130
<b>—</b>	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,876,121	1,841,436
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		32,719,622	31,102,201
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	+	11,526,156	10,955,593
	14		s paid to or for members (Part IX, column (A), line 4)		0	0
<b>.</b>	15		s, other compensation, employee benefits (Part IX, column (A), lines		1 1 0 1 2 6 2 1	12.751.666
Expenses	16-	5-10)	nonel for during for a (Doub IV, column (A) line 11a)		15,837	12,754,666
<u>क</u>	16a		sional fundraising fees (Part IX, column (A), line 11e)		15,657	0
Д	17		ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,456,130 expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		10,920,700	10,268,045
	18		xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)		36,476,327	33,978,304
	19		ue less expenses Subtract line 18 from line 12		-3,756,705	-2,876,103
<mark>ኤ</mark> ያ				Beginning	of Current	End of Year
Net Assets or Fund Balances					ear	
Ass Ba	20		ssets (Part X, line 16)		49,568,846	163,706,882
# B	21		abilities (Part X, line 26)		20,555,458	21,008,099
	22 1 III		sets or fund balances Subtract line 21 from line 20	1	29,013,388	142,698,783
Under	penal ledge a	ties of pe	ature block erjury, I declare that I have examined this return, including accompanying sol , it is true, correct, and complete. Declaration of preparer (other than officer			
		****	·*	20:	12-05-15	
Sign	1	Signat	ture of officer	Da		
Here			AM H BALLARD VP OF FINANCE & ADMINISTRATION			
		<u> </u>	or print name and title			
		Print/Type preparer's			Check if self- employed 🕨 🦳	PTIN
Paid		• •	ne BKD LLP	I		Firm's EIN 🕨
Prepa		Fırm's add	ress 2800 Post Oak Blvd Ste 3200			Phone no ▶ (713) 499-
Use (	ן צוווע		HOUSTON TX 77056			4600

HOUSTON, TX 77056

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

Par		atement of Program S eck if Schedule O contains a	_				<del>/</del>
1	Briefly de	scribe the organization's mi	ssion				
GRA FOU COM VALU CHU STRI OF T	DUATE PRONDATION INDATION INDUSTRY FOR THE CONTROL OF THE CONTROLES FOR THE CONTROLES FOR THE FORCE	A SELECTIVE LIBERAL A DGRAMS IN THE ARTS, HU FOR STUDENTS' PERSONA DCUSED ON ETHICAL AN THE JOY OF CREATIVITY COLLEGE ENCOURAGES A VERCOME IGNORANCE A S THAT HAVE INFLUENCE TELLECTUAL AND MORAL OLLEGE CHALLENGES ITS	JMANITIES, NATUR AL LIVES AND CAR D INTELLECTUAL I AND DISCOVERY ( LIFELONG DEDIC ND INTOLERANCE, ED THE PAST, DRIV COURAGE, RESPO	RAL SCIENCES, AND EER GOALS STUDEN DEVELOPMENT, RES CONSISTENT WITH I ATION NOT ONLY TO EXAMINE IDEAS E THE PRESENT, AN INSIBILITY, FAIRNE	SOCIAL SC NTS AND FAC PECT AND C ITS AFFILIA O LEARNING S CRITICALI D SHAPE TH SS, AND COI	IENCES, WHIC CULTY WORK T ONCERN FOR TION WITH TH BBUT ALSO TO LY, TO PROVIC IE FUTURE, AN	H STRENGTHEN THE OGETHER TO BUILD A HUMAN AND SPIRITUAL E UNITED METHODIST SERVING OTHERS IT DE AN UNDERSTANDING D TO CULTIVATE
2	the prior F	ganization undertake any si orm 990 or 990-EZ? escribe these new services		rvices during the year	r which were i	not listed on	┌ Yes ┌ No
3	Did the or	ganization cease conducting	g, or make sıgnıfıcan • • • • • •	t changes in how it co	nducts, any p	orogram • • •	┌ Yes ┌ No
4	Describe t Section 50	the exempt purpose achieve of the second of	ements for each of th anizations and section	on 4947(a)(1) trusts a	are required t	o report the am	
4a	(Code PROVIDE U	) (Expenses \$ NDERGRADUATE AND GRADUATE		including grants of \$ Y OF PROGRAMS TO APPR		93 ) (Revenue \$ UNDERGRADUATE	19,175,487 ) AND 100 GRADUATE STUDENTS
4b	(Code	) (Expenses \$		including grants of \$		) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$		) (Revenue \$	)
4d	Other pro	ogram services (Describe i	n Schedule O)				
	(Expense		including grants of	<sup>;</sup> \$	) (Revenu	ie \$	)
4e	Total pro	gram service expenses🖛\$	24,563,18	7			

art TV	Check	list of	Required	Schedules
	CIICCE		IXC GGII CG	Scricadics

			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)? $^{f z}$	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		
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 $V^{\square}$	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	
е	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		No
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
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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 $\textcircled{\textbf{5}}$	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
С	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		Νo
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		Νo
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 66			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
b	return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country F			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	E-		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
,	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
l <b>1</b>	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
С	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
<b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		140

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

Check if Schedule O contains a response to any question in this Part VI										. 🔽	7
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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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
/ <b>u</b>	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
	ction B. Policies (This Section B requests information about policies not required by the Internal		'	
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization WILLIAM H BALLARD 2911 CENTENARY BOULEVARD

SHREVEPORT,LA 71104 (318)869-5012

## <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	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	organization (\ 2/1099-MISC 2/1099-MISC Formpensated	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	<b>(A)</b> Name and Title	(B) Average hours		(tion that a			II		( <b>D</b> ) Reportable compensation	(E) Reportable compensation		( <b>F</b> ) Estima amount o	ted f other
		per week (describe hours for related organizations in Schedule O)	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)		compens from t rganizati relate organiza	he on and ed
See A	Additional Data Table												
											+		
1b	Sub-Total		<u> </u>	<del></del>	٠.	٠.	<del></del>	<u> </u>					
С	Total from continuation shee						Þ						
d	Total (add lines 1b and 1c) .							•	1,740,403		0	1	.50,048
2	Total number of individuals (ii \$100,000 in reportable comp					ted	above	) who	received more tha	n			
3	Did the organization list any <b>f</b> on line 1a? <i>If</i> "Yes," complete									ated employee	3	Yes	No
4	For any individual listed on lir organization and related organ individual	nızatıons greater t	han \$15	50,00	0071	f "Y	es," co	mple	te Schedule I for suc		4	Yes	
5	Did any person listed on line									r individual for	4	res	

## Section B. Independent Contractors

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

services rendered to the organization? If "Yes," complete Schedule J for such person . . . .

(A) Name and business address	Description of services	(C) Compensation
EIIA 200 S WACKER SUITE 1000 CHICAGO, IL 60606	INSURANCE	344,837
SODEXO INC AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	FOOD SERVICES	1,386,010
NATIONAL MANAGEMENT RESOURCES CORP PO BOX 1224 LAGRANGE, GA 30241	FACILITY MAINT SVCS	335,146
GROUP PENSION ADMINISTRATORS INC PO BOX 971587 DALLAS, TX 753971587	EMPLOYEE BENEFITS	329,708
CARAWAY TRAVEL 3611 YOUREE DRIVE SHREVEPORT, LA 71105	TRAVEL SERVICES	191,568
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►11	) who received more than	

5

Νo

	/ • •	Statement of Revenu	ıe					
					(A) Total revenue	(B) Related or	(C) Unrelated business	
						exempt function revenue	revenue	from tax unde
								512, 513,
92	1a	Federated campaigns	1a					514
and other similar amounts	ь	Membership dues	. 1b					
`≝		Fundraising events		28,578				
<u>, #</u>		Related organizations						
	e	Government grants (contributions)	<b>1</b> e	809,799				
22	f	All other contributions, gifts, grants,	and <b>1f</b>	5,986,771			 	<u> </u>
⇟│	а	similar amounts not included above Noncash contributions included in lii		1,192,501				
ᇎ	_	Total. Add lines 1a-1f			6,825,148			
				Business Code				
2	2a	THITION AND FEEC		614740	10 175 107	10 175 107		
	b	TUITION AND FEES		611710	19,175,487	19,1/5,487		
	c							
	d							
	e							
	f	All other program service rev	renue					
•	g	Total. Add lines 2a-2f			19,175,487			
	3	Investment income (includin	g dıvıdends, ınterest					
		and other similar amounts)		-	2,494,152		73,300	2,420,
		Income from investment of tax-exe		-	489,403			489
	5	Royalties	(ı) Real	(II) Personal	103,103			103
	6a	Gross Rents	123,725	(II) I CISSIIII				
	b	Less rental expenses	2,456					
	С	Rental income or (loss)	121,269					
	d	Net rental income or (loss)			121,269			121
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	8,415,721	500				
	<b>.</b>	than inventory Less cost or	7,642,452	7,791				
	U	other basis and sales expenses	7,012,132	,,,,,,				
		Gain or (loss)	773,269	-7,291				
		Net gain or (loss)			765,978			765
	8a	Gross income from fundraisir (not including \$						
		See Part IV, line 18	•					
	h	Less direct expenses	a . b	27,652				
		Net income or (loss) from fur		8,087	19,565			19
-	9a	Gross income from gaming a	ctivities See Part IV, line 19 .	a				
		Less direct expenses		ь				
-		Net income or (loss) from ga			0			<u> </u>
	тоа	Gross sales of inventory, les returns and allowances .	s a	,				
	ь	Less cost of goods sold .		4,739,833 3,925,804				
		Net income or (loss) from sa		3,323,004	814,029			814,
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVENU	E	900099	618,716			618
		TL JAMES & COMPANY		900099	25,527		25,527	
	C	LOSS ON DEBT EXTINGUISHMENT		900099	-247,073			-247
	d	All other revenue	•					
						Ι		
	e	Total. Add lines 11a-11d .			397,170			

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations must lother organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	'		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	10,955,593	10,955,593		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	975,354	448,976	422,260	104,118
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,712,069	7,395,026	1,454,373	862,670
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	374,000	298,045	45,281	30,674
9	Other employee benefits	938,949	613,569	236,923	88,457
10	Payroll taxes	754,294	566,394	125,469	62,431
а	Fees for services (non-employees) Management	0	,	,	<u>, , , , , , , , , , , , , , , , , , , </u>
ь	Legal	54,037	196	53,841	
С	Accounting	103,800		103,800	
d	Lobbying	94,928			94,928
e	Professional fundraising services See Part IV, line 17	0			<u> </u>
f	Investment management fees	0			
g	Other	789,728	290,672	483,988	15,068
12	Advertising and promotion	0	•	, i	· · · · · ·
13	Office expenses	1,323,702	904,846	315,574	103,282
14	Information technology	81,616		<del>                                     </del>	8,594
15	Royalties	0	,	,	<u> </u>
16	Occupancy	2,128,290	423,743	1,704,547	
17	Travel	1,772,854	<b>†</b>	<del>                                     </del>	82,208
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	837,946	423,885	414,061	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,550,723		1,550,723	
23	Insurance	500,014	166,985	333,029	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT RENTAL & MAINTENANCE	141,001	139,716		1,285
b	TUITION REMISSION	353,800		353,800	
c	DUES & MEMBERSHIPS	179,702	93,691	85,777	234
d	TAXES & LICENSES	82,939	3,015	79,924	
е	MISCELLANEOUS EXPENSES	272,965	224,682	46,102	2,181
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	33,978,304	24,563,187	7,958,987	1,456,130
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				

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,114,871	2	4,444,501
	3	Pledges and grants receivable, net	4,593,109	3	4,721,758		
	4	Accounts receivable, net			556,361	4	158,037
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	ers, and				
<del>- \$</del>		Schedule L				6	
ssets	7	Notes and loans receivable, net			495,343	7	519,358
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			366,419	9	439,996
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	64,528,972			
	b	Less accumulated depreciation	10b	35,868,737	29,941,389	<b>10</b> c	28,660,235
	11	Investments—publicly traded securities			88,636,990	11	98,510,863
	12	Investments—other securities See Part IV, line 11			166,611	12	149,021
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			22,697,753	15	26,103,113
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			149,568,846	16	163,706,882
	17	Accounts payable and accrued expenses .			4,425,982	17	4,621,702
	18	Grants payable			508,267	18	511,437
	19	Deferred revenue			671,427	19	481,788
	20	Tax-exempt bond liabilities			14,539,090	20	14,940,000
es S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	. ·		32,343	23	24,614
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			378,349	25	428,558
	26	Total liabilities. Add lines 17 through 25			20,555,458	26	21,008,099
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27			
Ð.		through 29, and lines 33 and 34.					
밀	27	Unrestricted net assets			19,145,197	27	17,794,930
ထိ	28	Temporarily restricted net assets			25,431,566	28	35,046,463
Ξ	29	Permanently restricted net assets			84,436,625	29	89,857,390
Fund Balances		Organizations that do not follow SFAS 117, check here ► ┌ at	nd con	nplete			
ŏ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
¥	33	Total net assets or fund balances			129,013,388	33	142,698,783
_	34	Total liabilities and net assets/fund balances			149,568,846	34	163,706,882

140	Check if Schedule O contains a response to any question in this Part XI	•		. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,1	102,20
2	Total expenses (must equal Part IX, column (A), line 25)	2		·	78,304
3	Revenue less expenses Subtract line 2 from line 1	3		-2,8	376,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		129,0	13,388
5	Other changes in net assets or fund balances (explain in Schedule O)	5		16,5	561,498
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		142,6	598,783
Par	The triangle of the contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		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 its Schedule O		<b>2</b> c	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	ssued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	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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### OMB No 1545-0047

Inspection

### **SCHEDULE A** (Form 990 or 990EZ)

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** 

Name of the organization CENTENARY COLLEGE OF LOUISIANA

72-0408915 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II Type I Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization?

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

Provide the following information about the supported organization(s)

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

following persons?

h

## 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				
	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-ti	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

Software ID: Software Version:

**EIN:** 72-0408915

Name: CENTENARY COLLEGE OF LOUISIANA

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion (	(che	')			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	<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) (W- 2/1099-		from the organization and related organizations		
DR DAVID B ROWE PRESIDENT	40 0	Х		х				211,592	0	8,330		
EDWARD J CRAWFORD III CHAIRMAN	1 0	Х		х				0	0	0		
GEORGE D NELSON JR VICE CHAIRMAN	1 0	X		Х				0	0	0		
AUSTIN G ROBERTSON JR TREASURER	1 0	Х		х				0	0	0		
JOHN F GEORGE JR SECRETARY	1 0	Х		х				0	0	0		
WILLIAM G ANDERSON PAST CHAIRMAN	1 0	Х		х				0	0	0		
REV DR CHRIS H ANDREWS MEMBER	1 0	Х						0	0	0		
C ELLIS BROWN JR MEMBER	1 0	Х						0	0	0		
DR KENNETH Q CARLILE MEMBER	1 0	Х						0	0	0		
C WALTER DOBIE MEMBER	1 0	X						0	0	0		
G ARCHER FRIERSON II MEMBER	1 0	X						0	0	0		
ROBERT B HAMM MEMBER	1 0	X						0	0	0		
O DELTON HARRISON JR MEMBER	1 0	X						0	0	0		
JANE HUTCHINSON JAMES MEMBER	1 0	Х						0	0	0		
THOMAS E MCELROY MEMBER	1 0	X						0	0	0		
CHARLES B SIMMONS MEMBER	1 0	X						0	0	0		
MURRAY W VISER MEMBER	1 0	Х						0	0	0		
JOHN ATKINS MEMBER	1 0	Х						0	0	0		
DAVID BARLOW MEMBER	1 0	Х						0	0	0		
EUGENE W BRYSON JR MEMBER	1 0	X						0	0	0		
KENNETH M FISHER MEMBER	1 0	Х						0	0	0		
DARYL FULTZ MEMBER	1 0	Х						0	0	0		
J JOSEPH HARDT MEMBER	1 0	Х						0	0	0		
PAUL MICHAEL MANN MEMBER	1 0	Х						0	0	0		
CAROL BORNE SPENCER MEMBER	1 0	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours	Posi t			′)			(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other compensation			
	per week	Former Highest compensated employee Key employee Officer Institutional Trustee or director		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations							
CARL E STEWART MEMBER	1 0	Х						0	0	0			
W JUAN WATKINS MEMBER	1 0	Х						0	0	0			
NANCY M CARRUTH MEMBER	1 0	Х						0	0	0			
J STAFFORD COMEGYS MEMBER	1 0	Х						0	0	0			
PERCY V HUBBARD MEMBER	1 0	Х						0	0	0			
MR ROY S HURLEY MEMBER	1 0	X						0	0	0			
DARYL W MITCHELL MEMBER	1 0	X						0	0	0			
JEFFREY W ROBERTSON MEMBER	1 0	X						0	0	0			
ANDREW W SHEHEE MEMBER	1 0	Х						0	0	0			
NANCY BOONE WORD MEMBER	1 0	Х						0	0	0			
WILLIAM W HUTCHINSON EX-OFFICIO MEMBER	1 0	Х						0	0	0			
DONALD R AVERY EX-OFFICIO MEMBER	1 0	Х						0	0	0			
MICHAEL WOOLBERT EX-OFFICIO MEMBER	1 0	Х						0	0	0			
MATT BLANCHARD EX-OFFICIO MEMBER	1 0	Х						0	0	0			
MATT WEEKS EX-OFFICIO MEMBER	1 0	Х						51,508	0	10,104			
DAVID OTTO EX-OFFICIO MEMBER	1 0	Х						73,973	0	14,476			
HARRY MCINNIS MEMBER	1 0	Х						0	0	0			
WILLIAM H BALLARD VP FINANCE & ADMINISTRATION	400			х				135,712	0	7,405			
DAVID VOSKULL VP ENROLLMENT SERVICES	40 0			х				112,672	0	8,030			
DR MICHAEL HEMPHILL PROVOST & DEAN OF COLLEGE	400			х				87,171	0	2,730			
DR KATHY FELL VP DEVELOPMENT	400			х				83,533	0	21,970			
DR DAN KECK CHIEF ACADEMIC OFFICER	400			х				80,409	0	0			
BETSY EAVES VP STUDENT DEVELOPMENT	400			х				66,048	0	6,073			
WARREN S RAWLES VP ADVANCEMENT	400			Х				10,106	0	0			
DR CHRIS MARTIN DEAN FROST SCHOOL OF BUSINESS	400					Х		131,629	0	0			

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
DR JAMES CLARK ASSOC PROF OF ENGLISH	40 0					Х		127,990	0	3,520		
DR MARK GRUETTNER PROF OF GERMAN	40 0					Х		118,538	0	45,270		
DR SCOTT VETTER WOOLF CHAIR PROF GEOLOGY	40 0					Х		107,843	0	3,520		
DR BARBARA DAVIS SAMPLE PROF OF ACCOUNTING	40 0					Х		102,914	0	18,620		
DR KENNETH SCHWAB PRESIDENT EMERITI	40 0						х	238,765	0	0		

DLN: 93493136064632

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Political Campaign and Lobbying Activities** 

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

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

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

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

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

• Se	e organization answered "Ye oction 501(c)(4), (5), or (6) organi	zations Complete Part III			
	me of the organization NTENARY COLLEGE OF LOUISIANA			Employerı	dentification number
				72-04089	
ar	t I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 5	27 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures			<b>•</b>	\$
3	Volunteer hours				
Par	Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1		e tax incurred by the organization			
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955 🕨	
3		section 4955 tax, did it file Form 4			⊤ Yes
4a	Was a correction made?	,,	, ,		□ Yes □ No
Ь	If "Yes," describe in Part IV				,,
		ganization is exempt und	er section 501(	c) except section 5	501(c)(3).
1		ended by the filing organization for		-	· \$
2		organization's funds contributed to			т
_	exempt funtion activities		, , , , , , , , , , , , , , , , , , ,	<b>•</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	
	·				<b>Th</b>
4	Did the filing organization file <b>I</b> Enter the names, addresses ai	Form 1120-POL for this year? nd employer identification number	(EIN) of all section		
4	Did the filing organization file <b>I</b> Enter the names, addresses are organization made payments. I amount of political contribution	Form 1120-POL for this year?	(EIN) of all section the amount paid fro d directly delivered	om the filing organization to a separate political o	ons to which the filing n's funds Also enter the rganization, such as a
4	Did the filing organization file <b>I</b> Enter the names, addresses are organization made payments. I amount of political contribution	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an	(EIN) of all section the amount paid fro d directly delivered	om the filing organization to a separate political o	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political or is needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political or is needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political or is needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4 5	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file <b>I</b> Enter the names, addresses as organization made payments. I amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly an  political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	om the filing organization to a separate political of its needed, provide information (d) Amount paid from filing organization's	ons to which the filing n's funds Also enter the rganization, such as a mation in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,

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					

	,		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	orm 5768
	(election under section 501(h)).		

	(election under section 501(n)).					
		(a)			(b)	
		Yes	No	1	Amoui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			Ġ	94,928
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i				ç	94,928
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), c	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	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		
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	III-À,			ectio	'n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Б.	Supplemental Information					

### Part IV Supplemental Information

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

Identifier Return Reference Explanation

DLN: 93493136064632

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** CENTENARY COLLEGE OF LOUISIANA 72-0408915

	organization answered "Yes" to Form 990	(a) Donor advised f	unds	(b) Funds and	other accounts
	Total number at end of year				
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or			lvised	┌ Yes ┌ No
	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the benef conferring impermissible private benefit				┌ Yes ┌ No
I	Conservation Easements. Complete if	the organization answ	ered "Yes" to Fo	rm 990, Part I	V, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualifi	n or pleasure)	ervation of an hist ervation of a certif	ied historic struc	= -
	easement on the last day of the tax year			Held at the	e End of the Year
	Total number of conservation easements			Tield de en	e Ena or the rear
	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified histo	oric structure included in (a			
	Number of conservation easements included in (c) acc	•	2d		
	Number of conservation easements modified, transfer the taxable year ▶	red, released, extinguished	, or terminated by	the organization	during
	Number of states where property subject to conservat	ion easement is located 🛌			
	Does the organization have a written policy regarding a enforcement of the conservation easements it holds?	the periodic monitoring, ins	spection, handling	of violations, an	d 「Yes 「No
	Staff and volunteer hours devoted to monitoring, inspe	ecting and enforcing conser	vation easements	during the year	<b>-</b>
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservati	on easements dur	ing the year ► \$	
	Does each conservation easement reported on line $2(n+1)(4)(8)(1)$ and $170(h)(4)(8)(1)$ ?	d) above satisfy the require	ements of section		┌ Yes ┌ No
	In Part XIV, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation	e footnote to the organizat ents	ion's financial stat	ements that des	cribes
ı	Organizations Maintaining Collection Complete if the organization answered "Y	<b>is of Art, Historical T</b> /es" to Form 990, Part I	reasures, or C V, line 8.	Other Similar	Assets.
	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its fina	or public exhibition, educat	ion or research in		
	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for puprovide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
	<b>/::</b> \			<u> </u>	1,193,792
	(") Assets included in Form 990. Part X				
	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, histor following amounts required to be reported under SFAS			· ·	
	If the organization received or held works of art, histor			· ·	

Par	t III Organizations Maintaining Co	llections of Art,	, Historical T	reas	ures, or C	)the	r Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	_		_			on	
a	Public exhibition		d 🔽 Loan	orex	change prog	rams			
b	Scholarly research		e 🔽 Othe	r PUE	BLIC EDUC	ATIC	N		
c	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they furth	er the	organızatıoı	n's ex	cempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part of the organ	ızatıor	n's collectio	n?	Г	_ Yes	✓ No
Pai	<b>TEXT</b> Escrow and Custodial Arrange Part IV, line 9, or reported an arrange Part IV, line 9.	•			n answere	ed "Y	es" to Form 99	90,	
 1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other as:	sets		- Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following table						
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization	n answered "Ye	s" to	Form 990	, Par			
		(a)Current Year	(b)Prior Year	(c)	Two Years Ba	ck	(d)Three Years Back	(e)Four \	'ears Back
1a	Beginning of year balance	107,208,147	98,719,39	3	117,871,	784			
b	Contributions	3,019,914	663,29	14	6,777,	374			
С	Investment earnings or losses	20,146,690	12,934,00	8	-16,414,	513			
d	Grants or scholarships	4,681,830	4,711,52	.2	9,079,	601			
е	Other expenditures for facilities and programs								
f	Administrative expenses	415,561	397,02	:6	435,0	651			
g	End of year balance	125,277,360	107,208,14	7	98,719,	393			
2	Provide the estimated percentage of the yea	r end balance held a	S						
а	Board designated or quasi-endowment 🕨	17 000 %							
b	Permanent endowment 🕨 83 000 %								
С	Term endowment ► 0 %								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are hel	d and	admınıstere	d for	the		
	organization by						- ·	Yes	No
	(i) unrelated organizations			•		•	3a(i		No
b	(ii) related organizations		 I on Schedule P2			•	3a(ii 3b		I NO
4	Describe in Part XIV the intended uses of the	<u>-</u> '		•		•			<u> </u>
	rt VI Investments—Land, Buildings			990, F	Part X, line	10.			
	Description of investment		(a) Cost or basis (inves	other	(b)Cost or o	other	(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
	Land				2,329	9,976			2,329,976
	Buildings		. 9	83,333	· ·	-	24,559,242		0,843,037
	Leasehold improvements				· ·	0,993	219,904	<b>†</b>	931,089
	Equipment				15,368	-	11,089,591	1	4,278,908
	Other					<del>.</del> 7,225		İ	277,225

28,660,235

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13.	•
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS		
		23,075,13
(2) RESTRICTED CASH		2,671,54
(3) OTHER ASSETS		356,43
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line		▶ 26,103,11
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ASSETS HELD IN CUSTODY	177,518	
LIABILITY ON ANNUITY CONTRACTS	251,040	
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	► 428,558	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,102,201
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,978,304
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,876,103
4	Net unrealized gains (losses) on investments	4	13,468,779
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,092,720
9	Total adjustments (net) Add lines 4 - 8	9	16,561,499
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	13,685,396
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	40,879,786
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,497,846
3	Subtract line <b>2e</b> from line <b>1</b>	3	20,381,940
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
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	10,720,261
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	31,102,201
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	27,194,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,936,347
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,258,043
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	10,720,261
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	33 978 304

### Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATION'S COLLECTION AND EXEMPT PURPOSE	PART III, QUESTION 4	THE MEADOWS MUSEUM OF ART IS A DEPARTMENT OF THE COLLEGE AND IS LOCATED ON THE COLLEGE CAMPUS THE MEADOWS MUSEUM EXISTS FOR THE PURPOSES OF HOUSING, CARING FOR, AND EXHIBITING THE PERMANENT COLLECTION ON A ROTATING BASIS AND FOR IMPLEMENTING PUBLIC EDUCATIONAL PROGRAMS DEVELOPED IN TANDEM WITH MUSEUM EXHIBITIONS IN ORDER TO MAXIMIZE EDUCATIONAL IMPACT ON VIEWERS AND PROGRAM PARTICIPANTS MUSEUM STAFF OFTEN WORK WITH COLLEGE FACULTY TO MOUNT EXHIBITIONS DIRECTLY RELATED TO COURSE CONTENT AND IN THIS WAY SIMULTANEOUSLY SERVE THE CENTENARY COLLEGE STUDENTS, FACULTY AND STAFF AS WELL AS THE REGIONAL COMMUNITY AT LARGE ALL PUBLIC EDUCATIONAL PROGRAMS AND EVENTS ARE PRESENTED FREE-OF-CHARGE PERIODICALLY, EXHIBITIONS ARE LOANED TO REGIONAL INSTITUTIONS FOR PRESENTATION THAT SPAN THE SOUTHERN GEOGRAPHIC REGION FROM NORTHERN MISSISSIPPI TO CENTRAL TEXAS THESE ACTIVITIES STRONGLY SUPPORT THE EDUCATIONAL MISSION OF CENTENARY COLLEGE
INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS	PART V, QUESTION 4	THE COLLEGE'S ENDOWMENT FUNDS A PORTION OF THE OPERATING AND CAPITAL REQUIREMENTS OF THE INSTITUTION IN ADDITION, THERE ARE A NUMBER OF RESTRICTED ENDOWMENTS THAT ARE INTENDED TO FUND SPECIFIC AREAS WITHIN THE INSTITUTION, INCLUDING ENDOWED FACULTY CHAIRS, ENDOWED SCHOLARSHIPS FOR QUALIFIED STUDENTS, AND OTHER SPECIFIC AREAS
REVENUE ON AUDIT, NOT ON TAX RETURN	PART XII, QUESTION 2D	AUXILIARY EXPENSES NETTED WITH REVENUE \$3,925,804 CHANGE IN SPLIT INTEREST AGREEMENTS 3,092,720 FUNDRAISING EXPENSES INCLUDED IN REVENUE 8,087 RENTAL EXPENSES INCLUDED IN REVENUE 2,456
EXPENSES ON AUDIT, NOT ON TAX RETURN	PART XIII, QUESTION 2D	AUXILIARY EXPENSES NETTED WITH REVENUE \$3,925,804 FUNDRAISING EXPENSES INCLUDED IN REVENUE 8,087 RENTAL EXPENSES INCLUDED IN REVENUE 2,456
OTHER CHANGES IN NET ASSETS	PART XI, QUESTION 8	CHANGE IN SPLIT INTEREST AGREEMENTS \$3,092,720
REVENUES PER TAX RETURN, NOT AUDIT	•	SCHOLARSHIPS \$10,720,261
EXPENSES PER TAX RETURN, NOT AUDIT	PART XIII, QUESTION 4B	SCHOLARSHIPS \$10,720,261
UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, QUESTION 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

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As Filed Data -

DLN: 93493136064632

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools ▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Name of the organization CENTENARY COLLEGE OF LOUISIANA

72-0408915 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Νo Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

### Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY TO GENERAL COMMUNITY	QUESTION 3	THE COLLEGE PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY TO THE GENERAL COMMUNITY IT SERVES THROUGH AN ADVERTISEMENT ONCE A YEAR IN THE LOCAL NEWSPAPER THE COLLEGE ALSO DISPLAYS THIS SAME NONDISCRIMINATORY POLICY THROUGHOUT THE COLLEGE'S WEBSITE, PRIMARILY IN THE ADMISSIONS AND FINANCIAL AID SECTIONS IN ADDITION, THE COLLEGE DISPLAYS THE POLICY ON MATERIAL THAT IS SENT OUT TO PROSPECTIVE STUDENTS, INCLUDING THE COLLEGE'S APPLICATION FORM
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	QUESTION 6A	THE ORGANIZATION RECEIVES PERKINS AWARDS, PELL, SEOG, ACG, SMART, WORK STUDY, STAFFORD AND PLUS LOANS

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493136064632

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Name of the organization **Employer identification number** CENTENARY COLLEGE OF LOUISIANA 72-0408915 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1  GOLF TOURNEY (event type)	(b) Event #2  CLC DINNER (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
<u>4</u>			15,650	,,,,	,	56,230
Revenue	1 2	Gross receipts Less Charitable	10,978			28,578
Re	3	contributions Gross income (line 1				
	,	minus line 2)	4,672	22,980		27,652
	4	Cash prizes				
မွ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	344	7,743		8,087
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		8,087
	11	Net income summary Combine li	nes 3 and 10 in column (d	d)	•	19,565
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		'Yes" to Form 990, Pa	rt IV, line 19, or repo	
Reveilue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
- S	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor		┌ Yes <u>%</u> ┌ No	Г Yes <u>%</u> Г No	_
		Direct expense summary Add line  Net gaming income summary Com				
9 a b	Ente Is t	er the state(s) in which the organization licensed to operate No," Explain	ation operates gaming act gaming activities in each	of these states?		· Fyes FNo
10a		re any of the organization's gaming				

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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Schedule I

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493136064632 OMB No 1545-0047

Employer identification number

### **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** 

Does the organization maintain records to substantiate the amount of the greats or assistance, the grantees' eligibility for the grants or assistance, and the selection critical season and the grants or assistance.  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC Code section grant (a) Amount of cash organization or growthment (b) EIN (c) IRC Code section grant (a) Amount of non-cash assistance organization or growthment (b) EIN (c) IRC Code section grant (a) Amount of non-cash assistance organization or growthment (b) EIN (c) IRC Code section grant (d) Amount of cash organization org	CENTENARY COLLEGE OF LOUISIA						72-0408915	
the selection cnteria used to sward the grants or assistance?  Per Describle in Pari IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part III can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC Code section or government (b) EIN (c) IRC Code section or government (c) IRC Code section or grant (c) IRC Code section or grant (c) IRC Code section or government (c) IRC Code section or	Part I General Informatio	n on Grants and	l Assistance					
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC Code grant (d) Amount of cash grant (e) Amount of non-cash assistance (h) Purpose of grant (assh grant) (b) Purpose of grant (b) Purpose of grant (c) Purpose of g	the selection criteria used to aw	ard the grants or as:	sıstance? <b></b> .					✓ Yes
organization or government in applicable grant cash assistance assistance (book, FMV, appraisal, other) of the company of the	Part II Grants and Other A Form 990, Part IV, line	ssistance to Gove 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000	
	<del>-</del>	<b>(b)</b> EIN	section	1 ' '	cash	valuation (book, FMV, appraisal,		
		1		1	ı			
Enter total number of section 501(c)(3) and government organizations							_	

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS AND AWARDS	801	10,955,593			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	, Ç	SCHOLARSHIPS AND OTHER TYPES OF FINANCIAL ASSISTANCE ARE MONITORED BY PROCEDURES THAT INSURE INDIVIDUALS RECEIVING DISBURSEMENTS ARE QUALIFIED TO RECEIVE THE FINANCIAL ASSISTANCE BASED ON THE INSTITUTION'S ASSESSMENT OF FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND OTHER SIMILAR NEEDS

DLN: 93493136064632

OMB No 1545-0047

Open to Public Inspection

## **Schedule J**

Department of the Treasury

Internal Revenue Service

(Form 990)

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

**Compensation Information** 

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

Name of the organization **Employer identification number** CENTENARY COLLEGE OF LOUISIANA 72-0408915

Pa	rt I	Questions Regarding Compensation	1				
						Yes	No
.a		11 1 1 1 1		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	<b>▽</b> 1	Fırst-class or charter travel	<u>  -     -                              </u>	Housing allowance or residence for personal use			
	┏.	Travel for companions		Payments for business use of personal residence			
	Γ.	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		y of the boxes in line 1a are checked, did the org bursement orprovision of all the expenses descr			1b		No
2		the organization require substantiation prior to reers, directors, trustees, and the CEO/Executive			2	Yes	
3		cate which, if any, of the following the organization					
		Compensation committee		Written employment contract			
		Independent compensation consultant	굣	, ,			
	<b>▽</b> 1	Form 990 of other organizations	굣	Approval by the board or compensation committee			
ļ		ng the year, did any person listed in Form 990, F related organization	Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control j	paymen	at from the organization or a related organization?	4a	Yes	
b	Parti	cipate in, or receive payment from, a supplemer	ntal non	qualified retirement plan?	4b		No
C	Partı	cipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
		501(c)(3) and 501(c)(4) organizations only mu					
•		persons listed in form 990, Part VII, Section A, pensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The	organization?			5a		Νo
b	Any	related organization?			5b		No
	If"Y	es," to line 5a or 5b, describe in Part III					
•		persons listed in form 990, Part VII, Section A, pensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The	organization?			6a		No
b	Any	related organization?			6b		No
	If"Y	es," to line 6a or 6b, describe in Part III					
,		persons listed in Form 990, Part VII, Section A, nents not described in lines 5 and 6? If "Yes," d			7		No
3	Were	e any amounts reported in Form 990, Part VII, p	aıd or a	occured pursuant to a contract that was			
		ect to the initial contract exception described in irt III	kegs !	Section 33 4936-4(a)(3)/11 Yes, describe	8		No
				oble presumption presedure described in Describer.	F-		140
•		es" to line 8, did the organization also follow the ion 53 4958-6(c)?	reputt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(ı)-(ııı) 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 & (iii) Other reportable compensation compensation		reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DR KENNETH SCHWAB	(I) (II)	1,924 0	0 0	236,841 0	0 0	0	238,765 0	0 0
(2) DR DAVID B ROWE	(I) (II)	211,592 0	o 0	0	0 0	8,330 0	219,922 0	0 0
(3) DR MARK GRUETTNER	(I) (II)	53,775 0	0	64,763 0	0	45,270 0	163,808 0	0 0
(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
	QUESTION 1B	THE COLLEGE DOES NOT REIMBURSE FOR FIRST-CLASS TRAVEL ON AN INFREQUENT BASIS, COLLEGE EMPLOYEES MAY TRAVEL WITH A BOARD OF TRUSTEE MEMBER ON A CHARTER (OR PRIVATELY-OWNED) PLANE ON COLLEGE BUSINESS SUCH TRAVEL WOULD TYPICALLY INCLUDE THE PRESIDENT OF THE COLLEGE AND BE AUTHORIZED BY THAT PERSON HOUSING ALLOWANCES ARE PROVIDED BY CONTRACT TO THE COLLEGE PRESIDENT IN LIEU OF COLLEGE-PROVIDED HOUSING IN ADDITION, UNDER INTERNAL REVENUE SERVICE RULES, COLLEGE CLERGY MAY MAKE HOUSING ALLOWANCE ELECTIONS TO ALLOCATE A PORTION OF THEIR SALARY TO SUCH AN ALLOWANCE
		THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION DURING THE TAX YEAR DR KENNETH L SCHWAB \$ 236,241 DR JAMES CLARK 75,205 DR MARK GRUETTNER 64,595
	QUESTION	THE ORGANIZATION PROVIDES BENEFITS AS INDICATED IN LINE 1A TO THE ORGANIZATION'S TRUSTEES AND PRESIDENT ANY NON-BUSINESS OR PERSONAL PORTION OF THE BENEFITS PROVIDED HAS BEEN INCLUDED IN THE RECIPIENT'S FORM W-2 AS REQUIRED

Schedule J (Form 990) 2010

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

OMB No 1545-0047

DLN: 93493136064632

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

CEN	ITENARY COLLEGE OF LOUISI	ANA								7	72-040	8915			
Pa	rt I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)	Description	of Purpose		feased	Beh Iss	On alf of suer	fina	Pool ncing
	LOUISIANIA BURLIS									Yes	No	Yes	No	Yes	No
A _	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	00000000	05-01-2011	14,940	0,000 F	REFIN	NANCE BON	DS		Х		Х		Х
Pa	rt II Proceeds														
						4		E	}		С			D	
1	A mount of bonds retired						0								
2	A mount of bonds legally defea	ased					0								
3	Total proceeds of issue					14,940,000									
4	Gross proceeds in reserve funds						0								
5	Capitalized interest from proceeds				0										
6	Proceeds in refunding escrow				0										
7	Issuance costs from proceeds			151,	882										
8	Credit enhancement from pro	ceeds					0								
9	Working capital expenditures	from proceeds			0										
10	Capital expenditures from pro	ceeds					0								
11	Other spent proceeds					12,538,	118								
12	O ther unspent proceeds					2,250,	,000								
13	Year of substantial completio	n			20	12			•				•		
					Yes	No		Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	t of a current refund	ing issue?		X										
15	Were the bonds issued as par	t of an advance refu	nding issue?			Х									
16	Has the final allocation of pro-	ceeds been made?			Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х										
Pai	TIIII Private Business U	Jse							-						
					Y		$\dashv$	Yee I		V = -	C	N-	<b>V</b>	D I	N-
					Yes	No		Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	Filvate dasiness ose (continued)								
			A		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?		×						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  •		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Da	TATV Aubituaca								

		A		В		C		l D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	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?								

## 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 -

DLN: 93493136064632

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization CENTENARY COLLEGE OF LOUISIANA		Employer identification number										
		/-		(-)(2) -		/-\/A\		2-04089				
Part I Excess Benefit Trar Complete if the organizat										ıne 40b		
1 (a) Name of disqu						on of transaction				(c) Corrected?		
										Yes	No	
2 Enter the amount of tax impose section 4958								ear unde	r · ¢			
3 Enter the amount of tax, if any,									· \$			
Part II Loans to and/or F Complete if the organiz					) Part IV line 26	or For	m 990-F	7 Part \/	line 38	a		
Complete if the organiz			1 103 0111	01111 3 3 0	, r are iv, ime 20	, 01 1 011	111 2 2 0 1	(f)				
(a) Name of interested person and		oan to om the	(c)0 rig	ıınal		(e)		Approv		(g)Written		
purpose	organı	zation?			(d)Balance due	аетац	default?		by board or committee?		agreement?	
	То	From	1			Yes	No	Yes	No	Yes	No	
							ļ					
							1					
							<u> </u>				-	
							1					
otal		<del></del>		<b>▶</b> \$	1						1	
Part IIII Grants or Assistan	ice Be	nefitt	ing Intere	ested I	Persons.							
Complete if the orga	nızatıd	on ansv	wered "Yes	" on Fo	rm 990, Part IV	, line 2	27.					
(a) Name of interested pers	on	(1			een interested per ganization	son	<b>(c)</b> A m	nount of g	rant or ty	pe of assi	stance	
			· · ·									

Part IV	Business	Transactions	Involvina	Interested	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) QUERBES NELSON	NELSON, OFFICER, ON BOARD	153,013	COMMISSIONS AND FEES		No

## Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

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**NonCash Contributions** 

DLN: 93493136064632

OMB No 1545-0047

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Open to Public Inspection

Name of the organization CENTENARY COLLEGE OF LOUISIANA

**SCHEDULE M** 

(Form 990)

**Employer identification number** 

						72-0408915			
Pa	rtI Ty	pes of Property			<u> </u>	r			
			(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		ontribut	ion
1	Art—Works	s of art			<u> </u>				
2	Art—Histo	rıcal treasures							
3	Art—Fract	onal interests							
4	Books and	publications							
5	Clothing a	nd household							
good									
		ther vehicles .							
		planes							
		al property							
		—Publicly traded	X	11	1,192,501	FAIR MARKET VAL	<u>U E</u>		
	stock .	—Closely held • • • • •							
	LLC , or tru	—Partnership, ust interests    .							
12	Securities	—Miscellaneous							
13	contributi	onservation on—Historic							
14	Q ualified c	onservation							
		on—Other							
		e—Residential .							
		e—Commercial							
		e—Other							
		S							
		tory							
		medical supplies							
		artıfacts							
		specimens							
		cal artifacts .							
	_								
		)							
	· —	)							
	Other ► (_	/							
29		/ f Forms 8283 received b	v the ora	anızatıon durıng the tax yea	r for contributions				
				3283, Part IV, Donee Ackr		29			0
								Yes	No
30a	During the	e year, dıd the organızatı	on receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold	for at least three years	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exemp	t purposes for the entire	holding p	period?			30a		No
b	If"Yes,"	describe the arrangemen	it in Part 1	II					
31	Does the	organization have a gift a	acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the contributi		third parti	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If"Yes," o	describe in Part II							
33	If the orga describe i		evenues 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
SALES OF NONCASH CONTRIBUTIONS	, , , , , , , , , , , , , , , , , , , ,	THE COLLEGE'S POLICY IS TO SELL ALL MARKETABLE SECURITIES UPON RECEIPT FROM THE DONOR THE COLLEGE WILL USE ONE OF THE BROKERAGE FIRMS IT HAS AN ACCOUNT WITH TO SELL THE DONATED SECURITIES

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493136064632

2010

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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 CENTENARY COLLEGE OF LOUISIANA **Employer identification number** 

72-0408915

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

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

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

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

ldentifier	Return Reference	Explanation
		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC, EXCEPT UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	BOARD MEMBERS DR MATT WEEKS AND DAVID OTTO RECEIVE COMPENSATION FROM THE ORGANIZATION FOR SERVICES AS FACULTY MEMBERS THEY DO NOT RECEIVE ANY PART OF THEIR COMPENSATION FOR SERVICES ON THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, QUESTION 5	UNREALIZED GAINS & LOSSES \$13,468,779 CHANGE IN SPLIT INTEREST AGREEMENTS 3,092,720 \$16,561,499