

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



DLN: 93493135038563

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable GEORGETOWN COLLEGE 61-0444695 Address change Doing Business As E Telephone number Name change (502)863-8016 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 64,254,859 Terminated City or town, state or country, and ZIP + 4 GEORGETOWN, KY 40324 Amended return Application pending Name and address of principal officer Is this a group return for JAMES MOAK affiliates? 400 EAST COLLEGE STREET GEORGETOWN, KY 40324 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW GEORGETOWNCOLLEGE EDU K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1829 M State of legal domicile KY Summary Part I Briefly describe the organization's mission or most significant activities GEORGETOWN COLLEGE IS A FULLY ACCREDITED LIBERAL ARTS INSTITUTION OF HIGHER LEARNING Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 26 Number of independent voting members of the governing body (Part VI, line 1b) . 15 4 5 1,153 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 59 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 438,488 **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b -228,450 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,436,228 4,915,734 37,798,436 9 Program service revenue (Part VIII, line 2g) . 39,176,673 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 576,218 2,134,638 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,948,042 9,374,382 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 53,758,924 55,601,427 13 19,515,594 20,969,965 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 19,740,313 20,034,663 67,904 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,390,450 15,262,287 16,209,145 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 54,518,194 57,281,677 19 -759,270 -1,680,250 Revenue less expenses Subtract line 18 from line 12 . (Assets or delatables) **Beginning of Current End of Year** Year 99,582,362 97,779,618 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) 55,900,003 62,015,131 43,682,359 22 Net assets or fund balances Subtract line 21 from line 20 35,764,487 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2013-05-15 Signature of officer Sign Here JAMES MOAK CFO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's PAULA C HANSON (see instructions) Paid P00161575 employed 🕨 🧧 Preparer's DEAN DORTON ALLEN FORD PLLC Firm's name (or yours

106 W VINE STREET SUITE 600

LEXINGTON, KY 40507

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

if self-employed), address, and ZIP + 4

Use Only

EIN 1 27-3858252

Phone no (859) 255-2341

| Par | | of Program Service edule O contains a respons | Accomplishments to any question in this P | art III | F |
|-------------|--|--|---|--|---|
| 1 | Briefly describe the | organization's mission | | | |
| GEO LEAF | RGETOWN, KENTUC RNING UNDER CHRI | KY THE COLLEGE IS CO STIAN INFLUENCES SO A | MMITTED TO PROVIDIN AS TO AFFORD ITS STUD | UTION OF HIGHER LEARNING G OPPORTUNITIES FOR EXCEI ENTS A QUALITY EDUCATION A HEALTHY INTEREST IN THE | LENCE IN HIGHER I IN SELECTED BRANCHES |
| | | | | | |
| | | | | | |
| 2 | | | program services during th | ne year which were not listed on | ┌ Yes ┌ No |
| | If "Yes," describe th | ese new services on Sche | dule O | | |
| 3 | services? | cease conducting, or mak | | wit conducts, any program | ┌ Yes ┌ No |
| 4 | Describe the organizexpenses Section 5 | zation's program service a [01(c)(3) and 501(c)(4) or | ccomplishments for each o ganizations and section 49 | f its three largest program servic 947(a)(1) trusts are required to r for each program service reporte | eport the amount of |
| | (Code |) (Expenses \$ | 48,139,136 including grants of | of \$ 20,969,965) (Revenue s | 45,573,158) |
| | OPERATION OF A HIGH | ER EDUCATIONAL INSTITUTION I | | G, AND FOOD SERVICES TO STUDENTS DED 6/30/12 | ' ' ' |
| 4b | (Code |) (Expenses \$ | ıncludıng grants o | f \$) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| 4 c | (Code |) (Expenses \$ | ıncludıng grants o | f \$) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| | | | | | |
| | | | | | |
| <u></u> | 0.44 | /D! C. ! . ! | I- 0) | | |
| 4d | (Expenses \$ | vices (Describe in Schedu includii | le O) ng grants of \$ |) (Revenue \$ |) |
| 4e | Total program serv | ice expenses►\$ | 48,139,136 | | |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
| | | | |

| | • | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νo |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i> | 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 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | , , , , , | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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, Part 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 | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | 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 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2011) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance | |
|--------|---|--|

| | Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . $$. | • | . [| |
|----------------------------|--|------------|-----|-----|
| | | | Yes | No |
| а | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | | | | |
| | 1a 2,671 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| а | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements filed for the calendar year ending with or within the year covered by this | | | |
| _ | return | | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| - | year? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| a | 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 or securities account)? | 4a | | No |
| h | , | | | 110 |
| | If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | See madactions for iming requirements for Form 1 D F 30-22 1, Report of Foreign Bank and Financial Accounts | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | L | | |
| | were not tax deductible? | 6b | | |
| _ | Organizations that may receive deductible contributions under section 170(c). | 7- | Vac | |
| đ | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7 c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| _ | Did the organization receive any funds directly or indirectly to now pro | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | 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 | 7h | | |
| | Form 1098-C? | /N | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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 | | |
| | | | | |
| | Section 501(c)(7) organizations. Enter | | | |
| 0 | | | | |
| 0 a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| 0 a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| 0 a b | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | |
| 0 a b | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 0 a b 1 a | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| 0 a b 1 a | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | 12a | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 | 12a | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 | 12a | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 | 12a | | |
| 0 a b 1 a b 2a b | Initiation fees and capital contributions included on Part VIII, line 12 | 12a | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | 12a | | |
| 0 a b 1 a b | Initiation fees and capital contributions included on Part VIII, line 12 | 12a 13a | | |
| 0 a b 1 a b 2a b 3 a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 0 a b 1 a b 2a b 3 a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 0 a b 1 a b 2a b 3 a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 0 a b 1 a b 2a b 3 a b c | Initiation fees and capital contributions included on Part VIII, line 12 | | | No |

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

| Se | ection A. Governing Body and Management | | | | | | |
|-----|---|-----|-----|----|--|--|--|
| | | | Yes | No | | | |
| | | | | | | | |
| | Enterphysical Control of Control | | | | | | |
| 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 | Did the organization have members or stockholders? | 6 | | No | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 9 | | | | | | | |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | • | | | | | |
| Re | evenue Code.) | | | | | | |
| | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give | | | | | | |
| | rise to conflicts? | 12b | Yes | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Did 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 | | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | |
| 16a | 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? | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | Yes | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No | | | |
| Se | ection C. Disclosure | ' | | | | | |
| 17 | | | | | | | |
| 10 | Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501(c) | | | | | | |

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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization >
 JAMES MOAK
 400 EAST COLLEGE STREET

GEORGETOWN, KY 40324 (502) 863-7970

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the or | ganization nor any re | lated o | rgan | ızatı | ons | compe | ensat | ted any current or fo | rmer officer, direc | tor, or trustee |
|----------------------------------|--|-----------------------------------|-----------------------|-----------------------|------------------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (describe | unles an | on (d e tha | n one son er ar | e bo: is bo nd a | x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | compensation amount of oth from related compensation from the (W- 2/1099- MISC) related | Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | \vdash | | | _ | | | |
| | | | | | | | | | | |

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

| | | _ | | | | | | | 1 | | | | | | |
|---|---|---|-----------------------------------|-----------------------|---------------------|----------------------|------------------------------|-------------|-------------------------------|---|--|---|--|--|--|
| | (A) Name and Title | (B) A verage hours per week (describe hours | unles an | on (d e tha | n on son er a | e bo ıs b nd a | x, oth) | | Rep comp fro organiz | (D) ortable ensation m the zation (W- 9-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | amount o compen from organizat | Estimated amount of other compensation from the organization and related | | |
| | | for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officei | Ke, emplojee | Highest compensated employee | Former | | | Misch | organiz | I | | |
| See A | dditional Data Table | | | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | - | | | | | | | | |
| | | | | | | | _ | _ | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | <u> </u> | ٠. | | <u> </u> | <u> </u> | | | | | | |
| С | Total from continuation sheets | | | | | | | > | | | | | | | |
| d | • | <u></u> | | | | | | > | | 1,490,103 | 0 | | 96,914 | | |
| 2 | Total number of individuals (incli \$100,000 of reportable compens | | | | | ted | above |) who | receive | ed more tha | in | | | | |
| 3 | Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch | | | | | | | | or highes | t compens | | Yes 3 | No No | | |
| 4 | For any individual listed on line 1 organization and related organization and related organization. | | | | | | | | | | ch | 4 Yes | | | |
| 5 | Did any person listed on line 1a services rendered to the organiz | | | | | | | | _ | | | 5 | No | | |
| | ection B. Independent Con | tractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | highest comper the organizatio | | | | | | | | | | | | | |
| | · · | (A) ne and business add | dress. | | | | | | | Doco | (B) ription of services | (C Compe | | | |
| 299 K | XO MANAGEMENT INC INGS DAUGHTERS DR KFORT, KY 40601 | ie and business add | 11633 | | | | | | | DINING SER | | | 3,020,834 | | |
| 100 S | KBOARD INC TADIUM DR GETOWN, KY 40324 | | | | | | | | | SOFTWARE S | SUPPORT | | 193,119 | | |
| 100 S GEOR | FROM SCRATCH INC TADIUM DR GETOWN, KY 40324 | | | | | _ | | | | CATERING | | | 189,307 | | |
| 150 JI LEXIN | ST TODD MAPLES ESSELIN GTON, KY 40503 | | | | | | | | | CONSTRUCT | ION/REPAIR | | 174,367 | | |
| PO BO BOSTO | BAR INC IX 55018 DN, MA 02205 | | | | | | | | | SOFTWARE S | | | 157,942 | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9 | | | | | | | | | |) who recei | ved more than | | | | |

| Form 99 | | | £ Davis 2000 | | | | | Page 9 |
|--|--------------|---|---|--------------------------------------|-----------------------------|--|---|--|
| Part | /++ 1 | Statement o | r Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| its its | 1a | Federated cam | paigns 1a | | | | | |
| ar ja | ь | Membership du | es 1b | | | | | |
| S, Ç | c | Fundraising eve | ents 1c | | | | | |
| ∄ੁ≅ | d | Related organiz | rations 1d | | | | | |
| ξĒ | e | Government grants | s (contributions) 1e | 1,217,657 | | | | |
| Contributions, gifts, grants and other similar amounts | f g | sımılar amounts no Noncash contri | butions included in | 3,698,077 | | | | |
| Con | h | lines 1a-1f \$ Total. Add lines | s 1a-1f | ▶ | 4,915,734 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a b | TUITION AND FEES | 5 | 611710 | 39,176,673 | 39,176,673 | | |
| - P3 | c | | | | | | | |
| E. | d | | | | | | | |
| S | e | | | | | | | |
| Ž. | f | All other progra | am service revenue | | | | | |
| Ě | g | Total. Add lines | s 2a-2f | | 39,176,673 | | | |
| | 3 | Investment inc | ome (including dividen | ds, interest | | | | |
| | | | aramounts) | F | 1,501,974 | | | 1,501,974 |
| | 4 | | tment of tax-exempt bond | | | | | |
| | 5 | Royalties | (-) D I | | | | | |
| | 6a | Gross rents | (ı) Real 100,607 | (II) Personal | | | | |
| | Ь | Less rental | 46,351 | | | | | |
| | _c | expenses Rental income | 54,256 | | | | | |
| | d | or (loss) | me or (loss) | | 54,256 | | 4,256 | 50,000 |
| | " | Net rental incol | (i) Securities | (II) O ther | 31,230 | | 1,230 | 30,000 |
| | 7a | Gross amount from sales of assets other than inventory | 5,868,502 | | | | | |
| | Ь | Less cost or other basis and sales expenses | 5,066,867 | 168,971 | | | | |
| | c | Gain or (loss) | 801,635 | -168,971 | 632,664 | | | 632.664 |
| | d 8a | Net gain or (los Gross income f | | ▶ | 632,664 | | | 632,664 |
| Other Revenue | | events (not inc \$ | luding s reported on line 1c) | | | | | |
| her | ь | Less direct ex | penses b | | | | | |
| ŏ | С | | (loss) from fundraising | events 🕨 | | | | |
| | 9a | Gross income f See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | b c | | penses b | vities | | | | |
| | 10a | Gross sales of returns and allo | inventory, less owances . | | | | | |
| | b | | a oods sold b (loss) from sales of inve | 5,860,652 3,371,243 entory • • | 2,489,409 | | | 2,489,409 |
| | <u> </u> | Miscellaneous | | Business Code | | | | · · |
| | 11a | AUXILIARY EN | NTERPRISES | 611710 | 5,399,757 | 5,399,757 | | |
| | ь | ATHLETICS | | 713940 | 224,275 | 224,275 | | |
| | c | CAPITAL PRO | JECTS | 611710 | 188,000 | 188,000 | | |
| | d | All other reven | ue | | 1,018,685 | 584,453 | 434,232 | |
| | e | Total. Add lines | | | 6,830,717 | | | |
| | 12 | Total revenue. | See Instructions . | · · • [| 55,601,427 | 45,573,158 | 438,488 | 4,674,047 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

| 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 | (D) Fundraising expenses |
|-------|--|-----------------------|------------------------------|-------------------------------------|--|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 20,969,965 | 20,969,965 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,219,506 | | 1,219,506 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 15,100,673 | 12,460,720 | 1,805,071 | 834,882 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 3,714,484 | 2,970,718 | 603,837 | 139,929 |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 21,067 | | 21,067 | |
| c | Accounting | 79,482 | | 79,482 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | 67,904 | | | 67,904 |
| f | Investment management fees | | | | |
| g | Other | 824,954 | 458,033 | 348,693 | 18,228 |
| 12 | Advertising and promotion | 113,727 | 7,555 | | 106,172 |
| 13 | Office expenses | 3,813,235 | 3,632,310 | 107,981 | 72,944 |
| 14 | Information technology | 301,918 | 301,918 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,737,223 | 509,766 | 1,227,457 | |
| 17 | Travel | 173,425 | 61,418 | 89,017 | 22,990 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 2,107,371 | 1,940,983 | 166,388 | |
| 21 | Payments to affiliates | | | | • |
| 22 | Depreciation, depletion, and amortization | 2,678,099 | 2,678,099 | | |
| 23 | Insurance | 385,404 | 87,646 | 297,758 | |
| 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 | REPAIRS & MAINTENANCE | 936,077 | 23,852 | 912,225 | |
| b | ATHLETIC PROGRAMS | 846,894 | 846,894 | | |
| c | STUDENT PROGRAMS | 816,665 | 816,665 | | |
| d | MISCELLANEOUS | 448,056 | 170,216 | 231,266 | 46,574 |
| e | | | | | |
| f | All other expenses | 925,548 | 202,378 | 642,343 | 80,827 |
| 25 | Total functional expenses. Add lines 1 through 24f | 57,281,677 | 48,139,136 | 7,752,091 | 1,390,450 |
| 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 | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,605,257 1,107,291 1 1 103.808 78.407 2 2 3 1,447,711 1,980,443 3 3.341.151 2.903.481 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 685.822 8 616.862 9 573,158 9 493.276 Prepaid expenses and deferred charges 93,062,486 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 48,236,507 b Less accumulated depreciation 44,031,391 10c 44,825,979 40,559,984 38,927,802 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 7,234,080 15 6,846,077 15 99,582,362 97,779,618 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,952,079 17 2,995,008 17 Accounts payable and accrued expenses . 18 18 19 1,767,575 19 1,559,263 20 37.460.000 20 38.580.667 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 254.039 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1,187,439 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 13,466,310 25 17,692,754 D 26 55,900,003 26 62,015,131 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -1,467,152 -7,282,581 Unrestricted net assets 8,856,249 28 8,553,199 28 Temporarily restricted net assets Fund 29 36,293,262 29 34,493,869 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 43.682.359 33 35.764.487 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 99.582.362 34 97.779.618

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | . [고 | |
|-----|---|---------|----|---------------------------------------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 55,6 | 501,42 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -1,6 | 580,25 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 43,6 | 582,35 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -6,2 | 237,62 |
| 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 | | 35,7 | 764,48 |
| Par | TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | 1 |
| 1 | Accounting method used to prepare the Form 990 | | | res | No |
| 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 t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | ssued | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | e | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135038563

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization GEORGETOWN COLLEGE

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

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 section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you not organizati col (i) of suppor | on in your | (vi) Is the organization in col (i) organized in the US? | | (vii) A mount of support? |
|---|-------------|--|--|----|--|---------------|---|----|---------------------------------|
| | | ınstructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

instructions

| Sch | edule A (Form 990 or 99 | 90-EZ)2011 | | | | | | Page 2 |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
| | (Complet | e only if you | checked the | box on line 5, | 7, or 8 of Part | (b)(1)(A)(iv) I or if the orgar | nızatıon faıle | d to qualify |
| | | | <u>organızatıon f</u> | fails to qualify ι | <u>under the tests</u> | listed below, pl | <u>lease comple</u> | ete Part III.) |
| | ection A. Public Su | | | | | Т | 1 | |
| Cal | endar year (or fiscal ye in) | ar beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contribut | ions, and | | | | | | |
| | membership fees recei | | | | | | | |
| | ınclude any "unusual | | | | | | | |
| _ | grants ") Tax revenues levied fo | rtho | | | | | | |
| 2 | organization's benefit a | | | | | | | |
| | paid to or expended on | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services of | | | | | | | |
| | furnished by a governme the organization withou | | | | | | | |
| 4 | Total. Add lines 1 thro | _ | | | | | | |
| 5 | The portion of total cor | - | | | | | | |
| - | by each person (other | than a | | | | | | |
| | governmental unit or p | • | | | | | | |
| | supported organization line 1 that exceeds 2% | | | | | | | |
| | amount shown on line 1 | | | | | | | |
| | (f) | 21,0014 | | | | | | |
| 6 | Public Support. Subtractine 4 | ct line 5 from | | | | | | |
| S | ection B. Total Sup | port | | | | | | |
| Cal | endar year (or fiscal yea | r beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| _ | ın) | _ | (4) 2007 | (2) 2000 | (4) 2005 | (4) 2020 | (0) 2022 | (1) 1 3 4 4 |
| 7 8 | A mounts from line 4 Gross income from inte | rost – | | | | | | |
| 0 | dividends, payments re | | | | | | | |
| | securities loans, rents | | | | | | | |
| | and income from simila | ır | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrela business activities, wh | | | | | | | |
| | not the business is reg | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain | | | | | | | |
| | IV) Do not include gai from the sale of capital | | | | | | | |
| 11 | Total support (Add line | | | | | | | |
| | through 10) | | | | | | | |
| 12 | Gross receipts from re | lated activities | s, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the | | r the organizati | on's first, second | l, thırd, fourth, or | fıfth tax year as a | 501(c)(3) or | |
| | check this box and sto | p here | | | | | | ▶ □ |
| S | ection C. Computat | ion of Publ | ic Support F | Percentage | | | | |
| 14 | Public Support Percen | tage for 2011 | (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | |
| 15 | Public Support Percen | tage for 2010 | Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test- | | | | | line 14 is 33 1/3% | % or more, che | |
| h | and stop here. The org 33 1/3% support test | | | | | 6a and line 15 is | 33 1/20% or m | ore check this |
| D | box and stop here. The | | | | | oa, and inte 15 IS | 1/3%0 UI M | ore, check this |
| 17a | 10%-facts-and-circum | - | • | | - | ne 13, 16a, or 16 | b and line 14 | ٠, |
| | ıs 10% or more, and ıf | | | | | | | |
| | in Part IV how the orga | anızatıon meet | s the "facts and | d circumstances" | test The organiz | zatıon qualıfıes as | a publicly su | |
| b | organization 10%-facts-and-circum | stances test— | 2010. If the ora | anization did not | check a hov on li | ne 13, 16a 16b | or 17a and lin | ▶ □ |
| , | 15 is 10% or more, an | | | | | | | - |
| | Explain in Part IV how | the organizati | | | | | | |
| 10 | supported organization Private Foundation If t | | n did not chools | a hov on line 12 | 16a 16h 17a a | or 17h chack this | hov and coc | ► □ |

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
| | |
| | Facts And Circumstances Test |
| | |
| | Explanation |
| | |
| | |
| | |
| | |

Schedule A (Form 990 or 990-EZ) 2011

Political Campaign and Lobbying Activities

DLN: 93493135038563

OMB No 1545-0047

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. ► 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

| Sec Sec the | e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-, ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Fe organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ction 501(c)(4), (5), or (6) organizations Complete Part III | A Dor Part II-B | not co 3 Do | omplet not co | e Part II-B mplete Part | |
|-------------------|---|--------------------|----------------|------------------|----------------------------|-------|
| | RGETOWN COLLEGE | nploye | | | tion numbe | er |
| art | I-A Complete if the organization is exempt under section 501(c) or is a se | | | | anizatio | n. |
| L | Provide a description of the organization's direct and indirect political campaign activities on behalin opposition to candidates for public office in Part IV | lf of or | | _ | | |
| 2 | Political expenditures | • | - | \$ | | |
| 3 | Volunteer hours | | | | | |
| | t D. Complete if the executivation is execute under section E01(a)(2) | | | | | |
| <u>eia</u> | Enter the amount of any excess tax incurred by the organization under section 501(c)(3). | | _ | | | |
| L | Enter the amount of any excise tax incurred by the organization under section 4955 | | | \$ <u> </u> | | |
| _ | Enter the amount of any excise tax incurred by organization managers under section 4955 | | - | \$ <u> </u> | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | | | Yes | No |
| 1 a | Was a correction made? | | | | ☐ Yes | ☐ No |
| b | If "Yes," describe in Part IV | | | | | |
| ar | t I-C Complete if the organization is exempt under section 501(c) except se | ction | 1 <u>50</u> | 1(c) | (3). | |
| L | Enter the amount directly expended by the filing organization for section 527 exempt function active | /ities | - | \$ | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities | 7 | > | \$ <u></u> | | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17 | b | F | \$ | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | Ψ | ┌ Yes | ┌ No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political or organization made payments. For each organization listed, enter the amount paid from the filing orgamount of political contributions received that were promptly and directly delivered to a separate payments segregated fund or a political action committee (PAC). If additional space is needed, provided that the segregated fund or a political action committee (PAC). | anızat olıtıca | ıon's I org | funds anızat | Also ente ion, such a | r the |

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

f Grassroots lobbying expenditures

| (The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) | ווטפ | edule C (F | 01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1 | | | | | Page ∠ |
|--|------|--------------|--|---------------------------|-----------------------|------------------|--------------------------|------------------|
| A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying) | Pa | rt II-A | | n is exempt under | section 501(| c)(3) and fi | iled Form 5768 | (election |
| expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0 | ١ | Check | | an affiliated group (and | lıst ın Part IV ea | ch affiliated gr | oup member's nam | e, address, EIN, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov | | | expenses, and share of excess lob | bying expenditures) | | _ | • | |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0 | 3 | Check | ıf the filing organization checked bo | ox A and "limited contro | ol" provisions app | ly | 1 | 1 |
| (The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but | | | Limits on Lobbying | Expenditures | | | (a) Filing | (b) Affiliated |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00 | | | | | l.) | | Organization's Totals | Group Totals |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S17,000,000 F17,000,000 F17,000 | | - | | | 1 \ | | 100013 | 1 ocars |
| c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1g from line 1a If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount | | | | · - | | | | |
| d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000 | | | | | ying) | | | |
| Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: | | | , | b) | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0 | d | Otherexe | empt purpose expenditures | | | | | |
| Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000 | e | Total exe | mpt purpose expenditures (add lines 1 | .c and 1d) | | | | |
| Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | f | | nontaxable amount Enter the amount | from the following table | in both | | | |
| 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 \$1,000,000 \$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 \$1,000,00 | | If the an | ount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Not over \$5 | 500,000 | 20% of the amount on lii | ne 1e | | | |
| 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 \$1,00 | | Over \$500, | 000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | | Over \$1,00 | 0,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Over \$1,50 | 0,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500, | 000 | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Over \$17,0 | 00,000 | \$1,000,000 | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Grassroo | ts nontaxable amount (enter 25% of li | ne 1f) | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | h | Subtract | line 1a from line 1a If zero or less. en | ter -0 - | | | | |
| Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount | | | | | | | | |
| 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | organization file | Form 4720 re | portina | |
| (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | | | F - 1 - 1 - 1 - 1 | ┌ Yes ┌ No |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount | | (Sor | ne organizations that made a | section 501(h) el | ection do not | have to co | | ne five |
| beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount | | | Lobbying Exp | enditures During | 4-Year Avera | ging Period | d | |
| b Lobbying ceiling amount | | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | 2a | Lobbyin | g non-taxable amount | | | | | |
| | b | | | | | | | |
| c Total lobbying expenditures | c | Total loi | obying expenditures | | | | | |
| | | | | | | | | |
| d Grassroots non-taxable amount | d | Grassro | ots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | e | | | | | | | |

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

| | | (6 | 1) | (b) |
|----|--|---------|---------|-----------|
| | | Yes | No | Amount |
| L | 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 | |
| Ь | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| е | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | O ther activities? If "Yes," describe in Part IV | Yes | | 471 |
| j | Total lines 1c through 1i | | | 471 |
| 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? | | | |
| ar | t III-A. Complete if the organization is exempt under section $501(c)(4)$, section | n 501(c | 1(5). 0 | r section |

501(c)(6).

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

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

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|---|----|--|
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | |
| b | Carryover from last year | 2b | |
| C | Total | 2c | |

- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 4 political expenditure next year? 5
 - Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---------------------------------------|-------------------|---|
| EXPLANATION OF LOBBYING ACTIVITIES | PART II-B, LINE 1 | THE COLLEGE PAYS DUES TO VARIOUS ASSOCIATIONS OF WHICH A PERCENTAGE OF THOSE DUES ARE USED FOR LOBBYING PURPOSES DUES PAID TO THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES WERE \$4,147 OF WHICH 6% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE KENTUCKY CHAMBER OF COMMERCE WERE \$965 OF WHICH 15% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE KENTUCKY SOCIETY OF CPAS WERE \$245 OF WHICH 10% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE AMERICAN BAR ASSOCIATION WERE \$399 OF WHICH 25% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS WERE \$275 OF WHICH 3 9% WAS USED FOR LOBBYING PURPOSES DUES PAID TO THE COMMERCE LEXINGTON WERE \$650 OF WHICH 5% WAS USED FOR LOBBYING |
| | | PURPOSES |

DLN: 93493135038563

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| | e of the organization GETOWN COLLEGE | | Emp | loyer identifica | ation numbe | r |
|----------|--|---|------------|-------------------------|--------------|-----------------|
| Pai | t I Organizations Maintaining Donor Adorganization answered "Yes" to Form 99 | | | 0444695 or Accounts | . Complet | e if the |
| | organization answered Tes to Form 95 | (a) Donor advised funds | | (b) Funds and (| other accour | nts |
| L | Total number at end of year | | | | | |
| <u> </u> | Aggregate contributions to (during year) | | | | | |
| ; | Aggregate grants from (during year) | | | | | |
| ļ | Aggregate value at end of year | | | | | |
| ; | Did the organization inform all donors and donor advi | | onor advı | sed | ┌ Yes | ┌ No |
| 5 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | efit of the donor or donor advisor, or for | any othe | r purpose | ┌ Yes | ┌ No |
| Par | Conservation Easements. Complete | if the organization answered "Yes' | ' to Forn | n 990, Part I' | V, line 7. | |
| <u>.</u> | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual | on or pleasure) Preservation of Preservation of | a certifie | d historic struc | | ā |
| | easement on the last day of the tax year | | | Held at the | End of the | Vear |
| а | Total number of conservation easements | | 2a | rield de the | Elia or the | rear |
| b | Total acreage restricted by conservation easements | | 2b | | | |
| c | Number of conservation easements on a certified his | | 2c | | | |
| d | Number of conservation easements included in (c) a | caured after 8/17/06 | 2d | | | |
| 3 | Number of conservation easements modified, transfe the taxable year 🛌 | | | ie organization | during | |
| ŀ | Number of states where property subject to conserva | | | | | |
| • | Does the organization have a written policy regarding enforcement of the conservation easements it holds | | andling of | violations, and | ☐ Yes | ┌ No |
| • | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation ease | ements d | uring the year l | <u> </u> | |
| , | A mount of expenses incurred in monitoring, inspecti \$ \(\) \$ | ng, and enforcing conservation easeme | nts during | g the year | | |
| 3 | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of s | ection | | ┌ Yes | ┌ No |
| • | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer | the footnote to the organization's financ | | | | |
| art | Organizations Maintaining Collection Complete if the organization answered | | , or Otl | her Similar | Assets. | |
| .a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir | for public exhibition, education or rese | arch in fu | | | ·, |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ | | |
| | (ii) Assets included in Form 990, Part X | | | F \$ | 99 | 96 <u>,</u> 559 |
| 2 | If the organization received or held works of art, histofoliowing amounts required to be reported under SFA | | for finan | cıal gaın, provi | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ | | |
| | , | | | | | |

b Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | llections of Art | <u>, His</u> | torical Tr | <u>easures, or O</u> | <u>the</u> | <u>r Similar Ass</u> | ets (c | ontinued) |
|--------|--|------------------------|--------------|---|-----------------------------------|------------|------------------------------|----------------|--|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | e following t | hat are a significa | nt u | ise of its collection | on | |
| а | Public exhibition | | d | ✓ Loan of the | or exchange progr | ams | i. | | |
| b | Scholarly research | | e | ✓ Other | ART HISTORY | A N D | STUDIO | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | they furthe | r the organization | 's ex | kempt purpose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | Yes | √ No |
| Par | Part IV, line 9, or reported an an | ements. Comple | ete ıf | the organi | zation answere | | es" to Form 99 | 0, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interme | ediary | for contribut | tions or other ass | ets | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ıng table | Г | | Amo | unt | |
| _ | Dammung balanca | | | | - | 1.0 | Allic | ,unc | |
| ч С | Beginning balance | | | | - | 1c 1d | | | |
| d | Additions during the year | | | | - | | | | |
| e • | Distributions during the year | | | | - | 1e | | | |
| f | Ending balance | | | | L | 1f | <u> </u> | | — |
| 2a | Did the organization include an amount on Fo | | e 21? | | | | ļ | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIV | | | 1. 115.4 | " | | | | |
| Pa | rt V Endowment Funds. Complete | (a)Current Year | | wered "Yes | s" to Form 990, (c)Two Years Back | | | (a)Eour | Years Back |
| 1a | Beginning of year balance | 36,289,461 | (0) | 30,044,170 | 29,348,53 | _ | 30,157,392 | (e)roui | Teals back |
| b | Contributions | 200,795 | | 1,043,184 | 284,65 | - | 417,706 | | |
| c | Investment earnings or losses | -751,303 | | 6,364,813 | 540,02 | - | -1,110,022 | | |
| d | Grants or scholarships | , 31,303 | | 0,501,015 | 310,02 | | 1,110,022 | | |
| e | Other expenditures for facilities | -1,408,903 | | 1,162,706 | 129,04 | 1 | 116,541 | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 34,330,050 | | 36,289,461 | 30,044,17 | 0 | 29,348,535 | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as | | | | | | |
| а | Board designated or quasi-endowment 🕨 | 3 780 % | | | | | | | |
| b | Permanent endowment 🕨 83 440 % | | | | | | | | |
| c | Term endowment ► 12 780 % | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | atıon t | hat are held | and administered | d for | the | | |
| | organization by | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | • | 3a(i) | | |
| | (ii) related organizations | | | | | • | 3a(ii) |) | No |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon | • | | | | • | 3b | | <u> </u> |
| | | | | | 0 | | | | |
| Par | t VI Land, Buildings, and Equipme | int. See Follii 99 | 0, Pa | · · | | | | | |
| | Description of property | | | (a) Cost or obasis (investr | | | (c) Accumulated depreciation | (d) Bo | ook value |
| 1a | Land | | • | | 1,049 | ,825 | | | 1,049,825 |
| b | Buildings | | • | | 58,925 | ,742 | 22,006,473 | 3 | 36,919,269 |
| C | Leasehold improvements | | • | | 5,694 | ,256 | 4,899,839 | | 794,417 |
| d | Equipment | | | | 25,705 | ,081 | 20,713,054 | | 4,992,027 |
| | Other | <u> </u> | | | 1,687 | ,582 | 617,141 | | 1,070,441 |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colui | nn (B) | , line 10(c).) | | | | 4 | 14,825,979 |
| | | | | | | | Schedule D (| Form 9 | 990) 2011 |

| Part VII Investments—Other Securities. See F | <u>Form 990, Part X, line 12</u> | 2. | |
|--|----------------------------------|----------------|-------------------------|
| (a) Description of security or category | (b)Book value | | od of valuation |
| (Including name of security) (1)Financial derivatives | | Cost or end-or | f-year market value |
| (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | Form 000 Dart V line | 12 | |
| Part VIII Investments—Program Related. See | | | od of valuation |
| (a) Description of investment type | (b) Book value | | f-year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | - 1F | | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip | | | (b) Book value |
| (1) BOND ISSUANCE COSTS | | | 348,838 |
| (2) FUNDS HELD IN TRUST BY OTHERS | | | 5,968,551 |
| (3) OTHER ASSETS | | | 528,688 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 | 5.) | | 6,846,077 |
| Part X Other Liabilities. See Form 990, Part X | | | |
| 1 (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| DEPOSITS AND AGENCY FUNDS | 1,038,667 | | |
| ASSET PETIPEMENT OR LIGATION | 1,580,863 | | |
| ASSET RETIREMENT OBLIGATION INTEREST RATE SWAP AGREEMENT | 1,124,804 | | |
| POST RETIREMENT BENEFIT OBLIGATION | 9,658,831 1,785,595 | | |
| ANNUITY PMT LIABILITY | 2,503,994 | | |
| The second secon | 2,303,757 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 17,692,754 | | |

| • | IDXII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | ILS | |
|------|---|-----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 55,601,427 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 57,281,677 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -1,680,250 |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,947,756 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -4,289,866 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -6,237,622 |
| 10 | | 10 | -7,917,872 |
| | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 EXII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 36,101,300 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 30,101,300 |
| a | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 1,469,838 |
| 3 | Subtract line 2e from line 1 | 3 | 34,631,462 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 01,001,101 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b 20,969,965 | | |
| c | Add lines 4a and 4b | 4c | 20,969,965 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 55,601,427 |
| Part | | per | · |
| 1 | Total expenses and losses per audited financial statements | 1 | 44,019,172 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 7,707,460 |
| 3 | Subtract line 2e from line 1 | 3 | 36,311,712 |
| 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 4a and 4b | 4c | 20,969,965 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 57,281,677 |
| Par | t XIV Supplemental Information | | |

| Identifier | Return Reference | Explanation |
|--|------------------------------------|---|
| Identifier | Return Reference PART III, LINE 4 | THE DR DONALD L AND DOROTHY JACOBS COLLECTION AT GEORGETOWN COLLEGE IS A PERMANENT GALLERY OF MORE THAN 100 MODERN AND CONTEMPORARY WORKS OF ART, ALONG WITH AN OUTSTANDING COLLECTION OF ARTIFACTS FROM FIVE CONTINENTS THE PERMANENT COLLECTION AT GEORGETOWN COLLEGE COMPRISES APPROXIMATELY 200 WORKS OF ART, DATING FROM THE SIXTEENTH-CENTURY THROUGH 2009, WITH THE MAJORITY OF PIECES HAVING BEEN CREATED IN THE TWENTIETH CENTURY GEORGETOWN COLLEGE ALUMNI AND THE ARTIST DONATED MANY OF THE PIECES, HOWEVER THE COLLECTION CONTAINS A FEW PIECES FROM NOTED ARTISTS, SUCH AS SALVADOR DALI, ANDO HIROSHIGE, JASPER JOHNS, PIERRE AUGUSTE RENOIR, AND GEORGE TURNER THE ANN WRIGHT WILSON FINE ARTS GALLERY AND THE COCHENOUR GALLERY AT GEORGETOWN COLLEGE OFFER TEMPORARY EXHIBITIONS YEAR ROUND FEATURING THE WORK OF INTERNATIONAL, NATIONAL AND REGIONAL ARTISTS THE LIVE LEARN BELIEVE OUTDOOR SCULPTURE EXHIBITION EXEMPLIFIES QUALITY SCULPTURE, BEAUTIFIES THE COLLEGE CAMPUS, EXPOSES STUDENTS AND VISITORS TO ARTWORK THAT IS OPENLY ACCESSIBLE AND OUTSIDE OF CONVENTIONAL GALLERY SPACE, AND PROVIDES AN ENVIRONMENT FOR INTELLECTUAL GROWTH WHERE STUDENTS AND THE COMMUNITY CAN VIEW AND LEARN ABOUT ART THESE COLLECTIONS ARE AVAILABLE FOR STUDY AND USE BY THE COLLEGE AND COMMUNITY AND SUPPLEMENT THE ACADEMIC PROGRAM THROUGH A CULTURAL ENRICHMENT PROGRAM OFFERING INTELLECTUAL, CULTURAL, AND RELIGIOUS EXPERIENCES AND ENABLE MEMBERS OF THE COLLEGE COMMUNITY TO BROADEN THEIR AWARENESS OF CULTURAL DIVERSITY |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | ENDOWMENT FUNDS ARE AMOUNTS RECEIVED FROM DONORS WHOSE INCOME IS DESIGNATED FOR A SPECIFIC PURPOSE OF THE COLLEGE ALMOST ALL OF THE INVESTMENT INCOME EARNED BY THESE FUNDS SUPPORTS SCHOLARSHIPS AND THE BUDGET OF THE COLLEGE SOME SMALLER AMOUNTS ARE DESIGNATED FOR FACULTY AWARDS, FACULTY OR STUDENT SCHOLARSHIP TRAVEL AND OTHER MISCELLANEOUS PURPOSES RELATED TO THE COLLEGE'S EDUCATIONAL MISSION |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE COLLEGE HAS EVALUATED THE TAX POSITIONS TAKEN ON ALL INCOME TAX RETURNS THAT REMAIN OPEN TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES (THOSE RETURNS FILED FOR THE YEARS 2009 THROUGH 2011) AND DOES NOT BELIEVE THERE ARE ANY UNCERTAIN POSITIONS ON THOSE RETURNS THAT SHOULD IMPACT THE FINANCIAL STATEMENTS |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | CHANGE IN FMV OF SWAP AGREEMENT -3,797,803 ADJUSTMENT FOR ACTUARIAL LIABILITY FOR ANNUITIES AND LIFE INCOME FUNDS -492,063 TOTAL TO SCHEDULE D, PART XI, LINE 8 -4,289,866 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | COST OF GOODS SOLD NETTED AGAINST REVENUE ON FORM 990 3,371,243 RENTAL EXPENSES NETTED AGAINST REVENUE ON FORM 990 46,351 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | SCHOLARSHIPS NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS 20,969,965 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | COST OF GOODS SOLD NETTED AGAINST REVENUE ON FORM 990 3,371,243 RENTAL EXPENSES NETTED AGAINST REVENUE ON FORM 990 46,351 ADJUSTMENT FOR ACTUARIAL LIABILITY FOR ANNUITIES AND LIFE INCOME FUNDS 492,063 CHANGE IN FMV OF INTEREST RATE SWAP 3,797,803 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | SCHOLARSHIPS NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS 20,969,965 |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135038563

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

Employer identification number

| GEOR | GETOWN COLLEGE | 1-0444695 | | | |
|------|--|--------------------|----|--------------|------|
| Pa | rt I | 1-0444695 | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its | s charter, bylaws, | | | |
| | other governing instrument, or in a resolution of its governing body? | | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships? | | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please describes explain. If you need more space use Part II | ram, ın a way | 3 | Yes | |
| | | | | | |
| 4 | Does the organization maintain the following? | | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | | 4a | Yes | |
| t | Records documenting that scholarships and other financial assistance are awarded on a racially nobasis? | ondiscriminatory | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships? | lic dealing | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | | 4d | Yes | |
| 5 | Does the organization discriminate by race in any way with respect to | | F. | | |
| a | Students' rights or privileges? | | 5a | <u> </u> | l No |
| Ŀ | Admissions policies? | | 5b | | No |
| c | Employment of faculty or administrative staff? | | 5c | | No |
| d | Scholarships or other financial assistance? | | 5d | | No |
| € | Educational policies? | | 5e | | No |
| f | Use of facilities? | | 5f | | No |
| g | Athletic programs? | | 5g | | No |
| ŀ | Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II | | 5h | | No |
| | | | | |] |
| | Does the organization receive any financial aid or assistance from a governmental agency? | | 6a | Yes | |
| Ŀ | Has the organization's right to such aid ever been revoked or suspended? | | 6b | | No |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 0 | _ | | |] |
| | of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part | : 11 | 7 | Yes | ı |

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)

| any other additional information (see instructions) | | | | | | | |
|---|----------------------------------|--|--|--|--|--|--|
| ldentifier | Return Reference | Explanation | | | | | |
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | PRINT ADVERTISING FOR GEORGETOWN COLLEGE THAT TARGETS PROSPECTIVE STUDENTS INCLUDES THE STATEMENT "GEORGETOWN COLLEGE ADMITS STUDENTS OF ANY RACE, COLOR AND NATIONAL OR ETHNIC ORIGIN" THE SAME STATEMENT APPEARS ON APPLICATIONS FOR ADMISSION, THE COLLEGE CATALOGUE AND OTHER PRINTED MATERIALS, E.G. BROCHURES AND FLYERS, DISTRIBUTED TO PROSPECTIVE STUDENTS GEORGETOWN COLLEGE HAD A VERY LIMITED BROADCAST CAMPAIGN TO ATTRACT GRADUATE STUDENTS AND IT MAY NOT HAVE INCLUDED THAT STATEMENT THE COLLEGE HAS TAKEN STEPS SO THAT IT WON'T HAPPEN AGAIN IN THE FUTURE. THE COLLEGE'S REPUTATION, AS HAVING BEEN RECOGNIZED BY THE CONGRESSIONAL BLACK CAUCUS, MAKES IT VERY CLEAR THAT IT DOES NOT DISCRIMINATE BASED ON RACE. SEE ADDITIONAL DISCLOSURE ON SCHEDULE O ABOUT THE COLLEGE'S DIVERSITY EFFORTS | | | | | |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE | SCHEDULE E, PART I, LINE 6 | THE COLLEGE RECEIVES FUNDS FROM THE FEDERAL GOVERNMENT, PRIMARILY FROM PROGRAMS OVERSEEN BY THE U.S. DEPARTMENT OF EDUCATION, WHICH ARE USED TO PROVIDE FINANCIAL AID AND/OR LOANS TO STUDENTS ATTENDING THE COLLEGE. IN ADDITION, THE COLLEGE RECEIVES OTHER FEDERAL FUNDS, AND FUNDS FROM THE KENTUCKY DEPARTMENT OF EDUCATION, WHICH ARE RELATED TO GRANTS THAT FURTHER THE COLLEGES EDUCATIONAL MISSION | | | | | |

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135038563

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

| Name | of the | orga | ınıza | tıon |
|------|--------|------|-------|------|
| GEOR | GETO | WN | COL | LEG |

Employer identification number

| FΛ | RGETOWN COLLEGE | | | | | |
|----|--|--|---|---|---|--|
| LO | KGETOWN COLLEGE | | | | 61-0444695 | |
| Pa | rt I General Information | on on Activi | ities Outside | the United States | Complete if the organiza | ation answered |
| | "Yes" to Form 990, Pa | | | | | |
| 1 | For grantmakers. Does the | organization | maintain reco | ords to substantiate t | the amount of the grants o | r |
| | assistance, the grantees' el | _ | | | | |
| | the grants or assistance? . | | = | | | ┌ Yes ┌ No |
| | | | | | | |
| 2 | For grantmakers. Describe in P United States | art V the organ | nization's proced | dures for monitoring the | e use of grant funds outside th | e |
| 3 | Activites per Region (Use Part | V ıf addıtıona | l space is neede | ed) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region of independent | services, investments, | program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | | | contractors | grants to recipients located in the region) | | |
| | EAST ASIA AND THE PACIFIC - | | | | STUDY ABROAD | 15,900 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) - | | | PROGRAM SERVICE | STUDY ABROAD | 122,137 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) - | | | PROGRAM SERVICE | REGENT'S PARK COLLEGE PROGRAMS | 226,038 |
| | EUROPE (INCLUDING ICELAND & GREENLAND) - | | | PROGRAM SERVICE | SEMINARS/CONFERENCES | 6 76 35 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Sub-total | 0 | 0 | | | 370,710 |
| b | Total from continuation sheets | | | | | 0 |

0

370,710

| Pai | Part IV, | line 15, for any | sistance to Organ recipient who recesspace is needed. | nizations or Entiti erved more than \$5, | es Outside the Ur ,000. Check this box | nited States. Comp x if no one recipient | plete if the organiza received more thai | tion answered "Yes' n \$5,000 | ' to Form 990, ▶ 厂 |
|-----|----------------------------------|---|--|--|--|--|---|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Enter total nur tax-exempt by | mber of recipie y the IRS, or fo | ent organizations lis or which the grante | ted above that are e or counsel has pro | recognized as chari ovided a section 50 | ties by the foreign of 1(c)(3) equivalency | country, recognized letter | as . • | |
| 3 | Enter total nur | mber of other o | organizations or en | tities | | | | | (Form 990) 2011 |

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--|---|--------------------------------------|------------------------------------|---|--|---|
| | | | | | 1 | | |
| | | + | | | † | | |
| | | + | | | + | | |
| | | + + | · | <u> </u> | + | | |
| ' | | + | | - | + | | + |
| | | + | <u> </u> | - | + | <u> </u> | + |
| | | + | ı——— | | | 1 | |
| | | | <u> </u> | <u> </u> | | | + |
| | | | | <u> </u> | | | |
| | | | | | | 1 | |
| | | | <u></u> | <u> </u> | | 1 | |
| | | T | | | | | |
| - | | | | | Ţ | | |
| | | + | I | | † | | |
| | | + | | <u> </u> | + | | |
| | | + | · | <u> </u> | + | | |
| | + | + | I | <u> </u> | + | <u> </u> | + |
| · | | + | ı——— | <u>'</u> | | 1 | _ |
| | | | <u> </u> | <u> </u> | | | 1 |
| | | | | | | 1 | dula E (Earry 000) 2011 |

Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | 굣 | Νo |
|---|--|---|-----|----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | 굣 | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | [ত | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | া | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | Г | Yes | া | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ন | Νo |

Schedule F (Form 990) 2011

Additional Data

Software ID:

Software Version: EIN: 61-0444695

Name: GEORGETOWN COLLEGE

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135038563

2011

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.

Open to Public Inspection

Name of the organization GEORGETOWN COLLEGE

Employer identification number

61-0444695

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- e 🔽 Solicitation of non-government grants

b

✓ Internet and e-mail solicitations

f 🔽 Solicitation of government grants

c Phone solicitations

g 🔽 Special fundraising events

- d

 ✓ In-person solicitations
- 2a 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?

| Yes No | Γ_{No} | Yes | 7 |
|--------|---------------|-----|---|
|--------|---------------|-----|---|

b 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 ındıvıdual or entity (fundraiser) | (ii) Activity | (iii) Dıd fundraıser have custody or control of contributions? | | fundraiser have custody or control of | | fundraiser have custody or control of | | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
|---|----------------------|--|-------------|---|--------|---|--|--------------------------------------|--|--|
| | | Yes | No | | | | | | | |
| MS PHYLLIS HUGHES 302 PEACHBLOOM HILL LANE | GRANT FUNDRAISING | | No | 0 | 49,604 | 0 | | | | |
| BEREA, KY 40403 | | | | | | | | | | |
| TREK ADVANCEMENT LLC 135 EAST MARKET STREET | CONSULTANT | | No | 0 | 18,300 | 0 | | | | |
| NEW ALBANY, IN 47150 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | > | | 67,904 | | | | | |

3 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

| Part I | Fundraising Events. Commore than \$15,000 on Form | | | | |
|--------|---|---------------------------|--|------------------------|--|
| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
| | | (event type) | (event type) | (total number) | (4) |
| 1 2 | Gross receipts | | | | |
| 2 | Less Charitable | | | | |
| 3 | contributions Gross income (line 1 | | | | |
| | minus line 2) | | | | |
| 4 | Cash prizes | | | | |
| 5 | Non-cash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| 7 | Food and beverages | | | | |
| 8 | Entertainment | | | | |
| 8 | Other direct expenses . | | | | |
| 10 | Direct expense summary Add lir | nes 4 through 9 in colum | nn (d) | | (|
| 11 | Net income summary Combine li | - | , , | | |
| art II | | | | | rted more than |
| | \$15,000 on Form 990-EZ, li | | 1 163 10 101111 990, 14 | 101V, IIIIC 15, 01 1Cp | orted more than |
| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| | Gross revenue | | | | 1 |
| 2 | Cash prizes | | | | |
| 3 | Non-cash prizes | | | | |
| 3 | Rent/facility costs | | | | |
| | Other direct expenses | | | | |
| - | | – | | — | |
| 6 | Volunteer labor | Г Yes Г No | │ | Γ Yes | |
| | | <u>'</u> | | · | (|
| 7 | Direct expense summary Add line | s 2 through 5 in column | ı(d) | | |
| 8 | Net gaming income summary Com | nbine lines 1 and 7 in co | lumn (d) | | |
| Fn | ter the state(s) in which the organize | ation operates damind a | ctivities | | |
| | the organization licensed to operate | | | | . Fyes FNo |
| | "No," Explain | | | | , |
| | | | | | |
| | vro any of the organization's gaming | | | | |
| | ere any of the organization's gaming "Yes," Explain | | | | · · Yes No |
| - • 1 | | | | | |
| | | | | | |

| Sche | edule G (Form 990 or 990-EZ) 20 | 11 | Page 3 | | | |
|---------|---|----------------------------------|--|--|--|--|
| 11 | Does the organization operate g | aming activities with nonmem | bers? | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | | | | |
| | formed to administer charitable | gamıng? | · · · · · · · · · · · · · · · · · · · | | | |
| 13 | Indicate the percentage of gami | | | | | |
| а | | | 13a | | | |
| b | | | | | | |
| 14 | Provide the name and address or records | the person who prepares the | organization's gaming/special events books and | | | |
| | Name 🟲 | | | | | |
| | Address 🟲 | | | | | |
| | | | | | | |
| 15a | Does the organization have a co | ntract with a third party from v | whom the organization receives gaming | | | |
| | revenue? | | | | | |
| b | If "Yes," enter the amount of gar | ning revenue received by the | organization 🟲 \$ and the | | | |
| | amount of gaming revenue retair | ied by the third party 🟲 \$ | | | | |
| c | If "Yes," enter name and addres | 5 | | | | |
| | Name ► | | | | | |
| | Address ▶ | | | | | |
| 16 | Gaming manager information | | | | | |
| | Name - | | | | | |
| | Gaming manager compensation | ▶ \$ | | | | |
| | Description of services provided | • | | | | |
| 17 a | Director/officer Mandatory distributions | Employee | Independent contractor e distributions from the gaming proceeds to | | | |
| a | retain the state gaming license? | | | | | |
| b | | | tributed to other exempt organizations or spent | | | |
| - | in the organization's own exempt | | | | | |
| Pai | | | ntion for responses to quuestion on Schedule G (see | | | |
| | Identifier | ReturnReference | Explanation | | | |
| | | SCHEDULE G | THE AMOUNTS PAID TO TREK ADVANCEMENT, LLC WAS FOR A FUNDRAISING CONSULTANT WHO WAS ADVISING THE COLLEGE AS TO ITS FUNDRAISING PLANS AND MATERIALS, AND TESTING FUNDRAISING FEASIBILITY THE ENTITY WAS NOT ACTIVELY SOLICITING CONTRIBUTIONS ON BEHALF OF THE COLLEGE | | | |

| | _ | | | | | | | |
|----------|---|-------|-----|----|------|-------|------|---|
| Schedule | G | (Form | 990 | or | 990. | -EZ) | 201: | l |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493135038563

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number GEORGETOWN COLLEGE 61-0444695 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

| Schedule I | . (Form 990) 2011 | |
|------------|---|---------|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, li | ıne 22. |
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (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 | 1193 | 20,969,965 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

DLN: 93493135038563

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization GEORGETOWN COLLEGE

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

61-0444695

| Pa | rt I Questions Regarding Compensatio | n | | | | |
|----|--|-----------|---|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III | | | | | |
| | First-class or charter travel | 굣 | Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | Г | Payments for business use of personal residence | | | |
| | ✓ Tax idemnification and gross-up payments | 굣 | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the | | | | | |
| | Compensation committee | 굣 | Written employment contract | | | |
| | Independent compensation consultant | 굣 | Compensation survey or study | | | |
| | Form 990 of other organizations | 굣 | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymen | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ntal non | qualified retirement plan? | 4b | | No |
| C | Participate in, or receive payment from, an equity-b | ased co | mpensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ust comp | plete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | | No |
| b | Any related organization? | | | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, psubject to the initial contract exception described in | | | | | |
| | ın Part III | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | e rebutta | able presumption procedure described in Regulations | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | (iii) Other | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior Form 990 or |
|----------------------------|-------------|------------------|---------------------------|----------------------------|--|--------------------------------|------------------------------------|---|
| | | compensation | incentive compensation | reportable compensation | compensation | | | Form 990-EZ |
| (1) WILLIAM H CROUCH JR | (1) (11) | 207,909 0 | 0 | 43,543 0 | 8,210 0 | 3,575 0 | 263,237 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | PART I, LINE | FIRST CLASS OR CHARTER TRAVEL IS PROVIDED ONLY IN CERTAIN LIMITED SITUATIONS THE PRESIDENT'S WIFE SOMETIMES ACCOMPANIES THE |
| | 1A | PRESIDENT ON OFFICIAL BUSINESS FOR THE COLLEGE IN THOSE INSTANCES, THE COLLEGE WILL SOMETIMES PAY THE TRAVEL EXPENSES THE |
| | | PRESIDENT RESIDES IN A DWELLING OWNED BY THE COLLEGE, WHICH IS PROVIDED TO HIM FOR HIS USE THE COLLEGE PAYS THE SOCIAL CLUB |
| | | DUES FOR THE PRESIDENT |

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493135038563

Open to Public Inspection

Internal Revenue Service | Name of the organization

Department of the Treasury

Employer identification number

| GE | ORGETOWN COLLEGE | | | | | | | | 6 | 1-0444 | 1695 | | , . | |
|----|--|-----------------------|---------------|------------|----------------------------|-----------|---|--------------|-----|-------------------------|----------|---------------|--------|----|
| P | art I Bond Issues | | | | | | | | | | | | | |
| | (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued | | (e) Issue Pr | ıce (| (f) Description of Purpose | | (g) De | (g) Defeased | |) On nalf of suer | | Pool ncing | | |
| | | <u> </u> | | | <u> </u> | | | | Yes | No | Yes | No | Yes | No |
| A | CITY OF GEORGETOWN AND GEORGETOWN COLLEGE PROJECT | 61-6001830 | 372730CJ8 | 05-17-2006 | 39,640, | nno out | FUNDING OF T TSTANDING C DO AND 2002 F NDS | OLLEGE | | X | | x | | Х |
| В | CITY OF GEORGETOWN AND GEORGETOWN COLLEGE PROJECT | 61-6001830 | | 12-19-2011 | 1,780, | | NANCE DORMITORY DNSTRUCTION | | | Х | | × | | Х |
| Pa | art III Proceeds | | | | | | | | | | | | | |
| | | | | | A | | | В | | С | | | D | |
| 1 | A mount of bonds retired | | | | | 2,780,00 |)0 | 59,333 | | | | | | |
| | A mount of bonds defeased | | | | | | | | | | | <u> </u> | | |
| 3 | Total proceeds of issue | | | | 3 | 39,640,00 |) 0 | 1,780,000 | | | | <u> </u> | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | 6 Proceeds in refunding escrow | | | | 3 | 39,126,30 |)4 | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | 513,69 | 96 | 30,800 | | | | | | |
| 8 | Credit enhancement from proc | eeds | | | | | | | | | <u> </u> | | | |
| 9 | Working capital expenditures f | from proceeds | | | | | | | | | | T | | |
| 10 | Capital expenditures from proc | ceeds | | | | | | 1,749,200 | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | |
| 13 | Year of substantial completion | .i | | | 200 |) 6 | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | \bot | No |
| 14 | Were the bonds issued as part | t of a current refund | ling issue? | | | Χ | | x | | | | | | |
| 15 | Were the bonds issued as part | t of an advance refu | ındıng ıssue? | | X | | | Х | | | | | | |
| 16 | 16 Has the final allocation of proceeds been made? | | | | × | | Х | | | | | | | |
| 17 | | | | | x | | Х | | | | | | | |
| Pa | rt IIII Private Business U | Jse | | | | | | | | | | | | |
| | | | | | A | | | В | | С | | | D | |
| | | | | | Yes | No | Yes | No | Yes | _ | No | Yes | + | No |
| 1 | Was the organization a partner property financed by tax-exem | | X | | | 1 | | | | | | | | |

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

financed property?

| Sche | edule K (Form 990) 2011 | | | | | | | | | Page 2 |
|------|--|-------------|-----|-----|-----|----|-----|----|-----|---------------|
| Par | rt III Private Business Use (Continued) | | | | | | | | | |
| | | | | A | | В | | С | | D |
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private use? | e business | | × | | | | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fir property? | | | | | | | | | |
| С | Are there any research agreements that may result in private business unfinanced property? | se of bond- | | Х | | | | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local government. | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anot 501(c)(3) organization, or a state or local government | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities? | ensure the | | × | | | | | | |
| Pa | rt IV Arbitrage | | | | | | | | | |
| | | A | 1 | | В | | c | | D | Π |
| | Hara - Farma 0020 T. Arriatus na Balanta Washid Badarataan and | Yes | No | Yes | No | | 'es | 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? | Х | | Х | | | | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | х | | х | | | | | | |
| | | | | | | | | | | |

| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | × | | Х | | | |
|----------|--|-------------|---------|------------|---------|---|---|
| 2 | Is the bond issue a variable rate issue? | Х | | X | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | | | | | |
| | | X | | X | | | |
| b | Name of provider | FIFTH THIRD | BANK | FIFTH THIR | D BANK | l | |
| С | Term of hedge | 24 00000 | 0000000 | 15 0000 | 0000000 | | |
| d | Was the hedge superintegrated? | х | | х | | | |
| e | Was a hedge terminated? | | х | | Х | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | |
| ь | Name of provider | | | | • | • | • |
| c | Term of GIC | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | х | | х | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | | X | | |

Part V **Procedures To Undertake Corrective Action**

Part VI Supplemental Information

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

| Identifier | Return Reference | Explanation |
|-------------|---------------------|--|
| FORM 990, | | ARBITRAGE CALCULATIONS HAVE BEEN PERFORMED, BUT NO AMOUNTS ARE DUE |
| SCHEDULE K, | | |
| PART IV, | | |
| LINE 1 | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135038563

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

2011

Open to Public Inspection

| | of the organization | | | | | | | E | mployer id | dent if ica | tion numbe | er |
|-----------------|-------------------------------------|---------------|-----------------|------------------------|-------------|----------------------------------|-----------|----------------|------------------------|----------------|-------------|---------|
| 0201101 | | | | | | | | 6 | 1-04446 | 9 5 | | |
| Part I | | | | | | | | | | | 40h | |
| | Complete if the organizat | ion ans | werea | res on Fori | m 990, i | Part IV, line 25a (| or 250, 0 | or Form | 990-62, | Part V, II | | (c) |
| 1 | (a) Name of disq | ualıfıed | person | | | (b) Desc | ription | of trans | action | | | rected? |
| | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Er | nter the amount of tax impos | ed on tl | ne organ | nization man | agers or | disqualified pers | ons dur | ing the y | ear unde | r | | |
| | ection 4958 | | | | | | | | • | \$ | | |
| 3 Er | nter the amount of tax, if any | , on line | 2, abo | ve, reimburs | ed by th | ie organization . | | | • | * | | |
| Part : | | | | | | | | | | | | |
| | Complete if the organiz | zation a T | nswere | d "Yes" on F T | orm 990 |), Part IV, line 26 T | , or Forr | m 990-E | | , line 38 | a T | |
| | | 1 ' ' | oan to m the | | • | | (e) ː | In | (f) Approv | /ed | (g)Writt | en |
| (a) Na | me of interested person and purpose | | zation? | (c)Orig principal a | | | default? | | by board or committee? | | agreement? | |
| | | To | From | ` ` ` | | | Yes | No | | | Yes | No |
| | | ' | | | | | 1.55 | 1 | 1.55 | 1 | 1.55 | 110 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | + | | | | |
| | | | | | | | | | | | | |
| Total | | | | | ▶ \$ | | | 1 | | - | | |
| Part I | | | | | | | | | • | | | |
| | Complete if the orga | nızatıc | | | | | | 27. | | | | |
| | (a) Name of interested pers | on | ' | | | een interested pei ganization | rson | (c) A m | nount of g | rant or ty | pe of assis | stance |
| (1) REL | ATIVES OF OFFICERSTRU | STEES | O F | FICERS/TRU | | | | | | | | 69,813 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | + | | | | | |

Part IV Business Transactions Involving Interested Persons.

| Complete if the organization | (b) Relationship | Form 990, Part IV, lıı | ne 28a, 28b, or 28c. | | arıng of |
|-------------------------------|--|-------------------------------|---|-----|-------------------|
| (a) Name of interested person | between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | | zation's nues? |
| (1) MR MIKE SCANLON | FORMER TRUSTEE | | IN SEPTEMBER 2003, THE COLLEGE ENTERED INTO A 10-YEAR LEASE, LICENSE, AND NAMING RIGHTS AGREEMENT FOR ITS CONFERENCE CENTER WITH A COMPANY OF WHICH MR SCANLON IS A SIGNIFICANT OWNER AND IS THE CHIEF EXECUTIVE OFFICER THE COLLEGE RECEIVES \$30,000 IN RENTAL INCOME FROM THE COMPANY EACH YEAR FOR FIVE ROOMS AT THE CONFERENCE CENTER IF THE ROOMS ARE NOT IN USE, THE COLLEGE MAY RENT FOUR OF THE ROOMS TO OTHERS THE COLLEGE'S ANALYSIS IS THAT THE RENTAL PAYMENT TO THE COLLEGE IS AT FAIR MARKET VALUE FOR SIMILARLY SITUATED PROPERTIES | Yes | No No |
| (2) MS PAIGE SHORT | TRUSTEE THROUGH DECEMBER 31, 2011 | 15,975 | EIGHT MONTHS BEFORE SHE BECAME A TRUSTEE, SHE ENTERED INTO A SEVEN- YEAR BUILDING LEASE WITH THE COLLEGE, ENDING MARCH 2013 THE BUILDING HOUSES THE EQUINE SCHOLARS PROGRAM THE COLLEGE BELIEVES THAT THE RENTAL PAYMENTS ARE AT FAIR MARKET VALUE FOR SIMILAR PROPERTIES | | No |
| (3) DR TO DD COKE | HIS WIFE, DR ROSEMARY ALLEN IS THE PROVOST OF THE COLLEGE | | DR TODD COKE HAS BEEN A MEMBER OF THE GEORGETOWN COLLEGE FACULTY FOR OVER 20 YEARS MS ALLEN IS THE PROVOST AND IS RESPONSIBLE FOR ACADEMIC PROGRAMS ON CAMPUS DR COKE'S COMPENSATION FOR THE YEAR ENDED 6/30/12 WAS \$66,605 IN SALARY PLUS THE COLLEGE'S STANDARD BENEFITS | | No |
| (4) MR BI HOUSTON | TRUSTEE | 50,000 | MR BI HOUSTON'S WIFE, DEBBIE, WAS ON THE BOARD OF THE KENTUCKY BAPTIST SEMINARY OF KENTUCKY BEGINNING IN JUNE 2010, THE KENTUCKY BAPTIST SEMINARY ENTERED INTO A LEASE AGREEMENT WITH RENTALS BEGINNING ON AUGUST 1, 2010 FOR SPACE IN THE COLLEGE'S LEARNING RESOURCE CENTER THE SEMINARY PAYS THE COLLEGE \$50,000 IN RENT ANNUALLY THIS AGREEMENT WAS NEGOTIATED IN GOOD FAITH BY THE MANAGEMENT OF BOTH PARTIES AND THEN SUBMITTED TO APPROVAL BY THE TRUSTEES IN ACCORDANCE WITH THE REQUIREMENTS OF THE RESPECTIVE ORGANIZATIONS | | No |
| Part V Supplemental Inform | nation | | | | |
| Part V Supplemental Inform | nation | | | | |

Part V Supplemental Information

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

Identifier Return Reference Explanation

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

DLN: 93493135038563

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization GEORGETOWN COLLEGE

Employer identification number

| | | | | 61-0444695 | | | |
|--|----------------------------------|--|--|---|-------------|-----|----|
| Part I Types of Property | (2) | (b) | (6) | د.٬ | ` | | |
| | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line | (d Method of do contribution | - etermı | _ | |
| 1 Art—Works of art | | | | | | | |
| 2 Art—Historical treasures . | | | | | | | |
| 3 Art—Fractional interests | | | | | | | |
| 4 Books and publications | Х | | 1,026 | VALUE PER DONO | R | | |
| 5 Clothing and household | X | | 25 540 | | _ | | |
| goods | | | | VALUE PER DONO | | | |
| Cars and other vehicles | X | 1 | 6,400 | VALUE PER DONO | K | | |
| Boats and planes | | | | | | | |
| Intellectual property | | | 75.200 | EATD MADKET VAL | 115 | | |
| Securities—Publicly traded . | X | 11 | /5,396 | FAIR MARKET VAL | .U E | | |
| Securities—Closely held stockSecurities—Partnership, LLC, | - | | | | | | |
| or trust interests | | | | | | | |
| 2 Securities—Miscellaneous | X | 1 | 10,000 | FAIR MARKET VAL | UE. | | |
| 3 Qualified conservation contribution—Historic structures | | | , | | | | |
| Qualified conservation contribution—Other | | | | | | | _ |
| Real estate—Residential . | | | | | | | |
| Real estate—Commercial | | | | | | | |
| Real estate—O ther | | | | | | | |
| 3 Collectibles | | | | | | | |
| Food inventory | | | | | | | |
| Drugs and medical supplies . | | | | | | | |
| L Taxıdermy | | | | | | | |
| 2 Historical artifacts | | | | | | | |
| Scientific specimens | | | | | | | |
| Archeological artifacts | • | | | | | | |
| LAMP | | 20 | 14.050 | VALUE BED DONO | D | | |
| Other ► (POSTS/SIGNS) | X | 20 | 14,850 | VALUE PER DONO | Γ | | |
| 5 Other ► () 7 Other ► () | | | | | | | |
| 7 Other ► () 3 Other ► () | | | | | | | |
| Number of Forms 8283 receive | d by the ora | I Janization during the tay ve | I ar for contributions | | | | |
| for which the organization comp | | | | 29 | | | |
| - ' | | • | - | | | Yes | No |
| 0a During the year, did the organiz | ation receiv | e by contribution any prope | erty reported in Part I, lines | 1-28 that it | | | |
| must hold for at least three yea | rs from the | date of the initial contributi | on, and which is not require | d to be used | | | |
| for exempt purposes for the ent | re holding p | period? | | | 30a | | No |
| b If "Yes," describe the arrangen | nent in Part | II | | | | | |
| Does the organization have a g | | | review of any non-standard | contributions? | 31 | Yes | |
| 2a Does the organization hire or u contributions? | se third part | les or related organizations | to solicit, process, or sell | non-cash | 32a | Yes | |
| b If "Yes," describe in Part II | | | | | | | |
| 3 If the organization did not repo | rt revenues | ın column (c) for a type of p | roperty for which column (a |) is checked, | | | |
| describe in Part II | | (-),, -, -, - | ,, | ,, | | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|-----------------|------------------|---|
| THIRD PARTY USE | , , | THE INVESTMENT DEPARTMENT OF FIFTH THIRD BANK RECEIVES ALL OF OUR STOCK GIFTS, SELLS THEM ON OUR BEHALF, AND REMITS NET PROCEEDS TO THE COLLEGE VEHICLE DEALERS ARE USED TO SELL VEHICLE GIFTS ON OUR BEHALF AND REMITS NET PROCEEDS TO THE COLLEGE |

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493135038563

OMB No 1545-0047

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization GEORGETOWN COLLEGE

Employer identification number

61-0444695

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 2 | MR JOHN REED IS THE FATHER-IN-LAW OF DAVID JONES, AND BOTH WERE TRUSTEES FOR PART OF THE YEAR MR JOHN REED WAS A TRUSTEE UNTIL DECEMBER 31, 2011 TRUSTEE JAMIE HARGROVE PROVIDES LEGAL SERVICES TO TRUSTEE ROBERT COLEMAN TRUSTEE REZA HASHAMPOUR AND TRUSTEE NICOLLE COLLINSON HAVE A JOINT BUSINESS OPPORTUNITY |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

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

DLN: 93493135038563

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2011

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization GEORGETOWN COLLEGE

(Form 990)

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

61-0444695 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (b) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) GEORGETOWN COLLEGE FOUNDATION INC SUPPORTING ORGANIZATION 400 EAST COLLEGE STREET FOR GEORGETOWN COLLEGE ΚY 501(C)(3) 11A N/A No GEORGETOWN, KY 40324 61-1228041

Cat No 50135Y

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|--|--------------------------------|---|-----------------------|--|--|---|--|----|---|----------|----|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | <u> </u> |
| (1) GEORGETOWN COLLEGE ALUMNI LLC 400 EAST COLLEGE STREET GEORGETOWN, KY 40327 35-2417606 | MARKETING SERVICES | КҮ | GEORGETOWN COLLEGE | UNRELATED | | 11,242 | | No | | | No | 95 000 % |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | _ | | | | | | | 1 115 4 11 | | _ | |

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

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

| Par | ιv | Transactions with Related Organizations (Complete if the organization answered Tes | Oli Follii 990, Pai | 11V, IIIIe 34, 33, 3 | 5A, 01 36.) | | |
|-------------|---|--|--|------------------------|--------------------------------------|-----|------|
| | Note. | Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No |
| 1 Du | ırıng th | e tax year, did the orgranization engage in any of the following transactions with one or more related organ | ızatıons lısted ın Parts | s II-IV? | | | |
| а | Recei | ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | | No |
| b | Gıft, g | rant, or capital contribution to related organization(s) | | | 1b | Yes | |
| c | Gıft, g | rant, or capital contribution from related organization(s) | | | 1 c | | No |
| d | Loans | or loan guarantees to or for related organization(s) | | | 1d | | No |
| e | Loans | or loan guarantees by related organization(s) | | | <u>1e</u> | | No |
| f | Sale o | f assets to related organization(s) | | | 1f | + | No |
| | | ase of assets from related organization(s) | | | 1g | | No |
| | | nge of assets with related organization(s) | | | 1h | | No |
| | | of facilities, equipment, or other assets to related organization(s) | | | 1i | | No |
| j | Lease | of facilities, equipment, or other assets from related organization(s) | | | 1j | + | No |
| k | Perfor | mance of services or membership or fundraising solicitations for related organization(s) | | | 1k | | No |
| ı | Perfor | nance of services or membership or fundraising solicitations by related organization(s) | | | 11 | | No |
| m | m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | |
| n | Sharır | g of paid employees with related organization(s) | | | 1n | | No |
| o | Reimb | ursement paid to related organization(s) for expenses | | | 10 | +- | No |
| р | Reimb | ursement paid by related organization(s) for expenses | | | 1 p | | No |
| q | Other | transfer of cash or property to related organization(s) | | | 1 q | + | No |
| r | O ther | transfer of cash or property from related organization(s) | | | 1r | | No |
| 2 | Ifthe | answer to any of the above is "Yes," see the instructions for information on who must complete this line, in | cluding covered relati | onships and transact | ıon thresholds | | |
| | | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determi involved | | ount |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate alloc | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----------------------------|----|--|--|--|----|--|---|------------------------------|--|---|---------------------|--|--------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | | | | | |
| | | | | • | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 61-0444695

Name: GEORGETOWN COLLEGE

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | | (tion that a | | | ıll | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| BOB HOOK TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| CARROLL STEVENS TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID JONES TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID TRAVIS TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| DOUGLAS FREEMAN TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| EARL GOODE TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| FRANK PENN TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| FRED BROWNING TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| GERALD PARKER TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| GUTHRIE TRUE VICE-CHAIR, TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JACK REED TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES SHEPHERD TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JAMIE HARGROVE TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JANICE SHELTON TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JOHN STEMPEL TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JOHN WARD TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| MISSY MATTHEWS TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| NICOLLE B COLLINSON TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| NORMAN DANIELS TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| PAIGE SHORT TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| RANDY FOX TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| REZA HASHAMPOUR TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| RICHARD GAINES TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| RANDY FIELDS TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| SHEILA BAILEY TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average | | ition | | II | | (D) Reportable | (E) Reportable | (F) Estimated |
|---|----------------------|-----------------------------------|--------------------------|--------|----------------------------------|--------|--|---|--|
| | hours per week | Individual trustae or director | th Institutional Trustee | Office | Highest compensated employee | Former | compensation from the organization (W- 2/1099-MISC) | compensation from related organizations (W- 2/1099- MISC) | amount of other compensation from the organization and related organizations |
| WADE DOSHIER TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| WILLIAM J HOUSTON CHAIR, TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| TODD SKAGGS TRUSTEE | 2 00 | х | | | | | 0 | 0 | 0 |
| BOB HEIB TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| GJ HART TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| GRANETTA BLEVINS TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| GREG BARR TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| HOWARD ENSOR TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| BOB COLEMAN TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| ROBERT DOTY TRUSTEE | 2 00 | Х | | | | | 0 | 0 | 0 |
| ROSEMARY ALLEN PROVOST/DEAN OF COLLEGE | 50 00 | | | × | | | 124,699 | 0 | 8,551 |
| WILLIAM H CROUCH JR PRESIDENT | 50 00 | | | х | | | 251,452 | 0 | 11,785 |
| DARRYL CALLAHAN GENERAL COUNSEL | 50 00 | | | х | | | 137,077 | 0 | 8,874 |
| JAMES MOAK VP, CFO, TREASURER | 50 00 | | | х | | | 136,341 | 0 | 9,011 |
| GARVEL KINDRICK VP FOR ENROLLMENT MNGT | 50 00 | | | × | | | 90,317 | 0 | 6,268 |
| TODD GAMBILL VP STUDENT LIFE/DEAN OF STUDENTS | 50 00 | | | x | | | 116,350 | 0 | 8,242 |
| JAMES ALLISON ASSOC VP FOR INSTL ADV | 50 00 | | | х | | | 82,504 | 0 | 6,812 |
| ROBIN OLDHAM SECRETARY TO BOARD OF TRUSTEES | 50 00 | | | х | | | 66,606 | 0 | 6,226 |
| ROY LOWDENBACK VP FOR INSTITUTIONAL ADVAN | 50 00 | | | х | | | 97,009 | 0 | 3,781 |
| BRIAN EVANS VP FOR DIVERSITY & INCLUSION | 50 00 | | | х | | | 86,228 | 0 | 7,050 |
| DAVID FORMAN FACULTY, GRADUATE EDUCATIO | 50 00 | | | | Х | | 101,374 | 0 | 7,202 |
| THOMAS COOPER FACULTY, BUSINESS ADMIN & ECONOMICS | 50 00 | | | | х | | 100,146 | 0 | 7,509 |
| ANN C BOND DIRECTOR OF NEW BUSINESS | 50 00 | | | | x | | 100,000 | 0 | 5,603 |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | VI, SECTION B, LINE | THE COLLEGE FORWARDS A PDF FILE TO THE TRUSTEES ON THE EXECUTIVE/FINANCE COMMITTEE AFTER THE RETURN IS FILED IN MAY IN THE EXECUTIVE/FINANCE COMMITTEE'S REGULARLY SCHEDULED AUGUST MEETING, THE COLLEGE WILL ANSWER ANY QUESTIONS FROM THE EXECUTIVE/FINANCE COMMITTEE |

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

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

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

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| CHANGES IN NET ASSETS OR FUND BALANCES | XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -1,947,756 CHANGE IN FMV OF SWAP AGREEMENT -3,797,803 ADJUSTMENT FOR ACTUARIAL LIABILITY FOR ANNUITIES AND LIFE INCOME FUNDS -492,063 TOTAL TO FORM 990, PART XI, LINE 5 -6,237,622 |

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

| Identifier Return Reference | Explanation |
|--|--|
| SCHEDULE E, LINE 3, CONTINUATION | THE COLLEGE HAS BEEN AND CONTINUES TO BE RECOGNIZED NATIONALLY FOR ITS DIVERSITY INITIATIVES ARTICLES ABOUT THE COLLEGE'S EFFORTS TO RECRUIT MINORITY STUDENTS HAVE APPEARED IN THE NEW YORK TIMES, DALLAS MORNING NEWS AND THE LOUISVILLE COURIER-JOURNAL NEWSPAPERS THE CONGRESSIONAL BLACK CAUCUS HONORED THE COLLEGE'S INITIATIVES WITH A RECEPTION AT THE UNITED STATES CAPITAL BUILDING PRESIDENT WILLIAM H CROUCH, JR HAS SERVED ON TWO OCCASIONS AS A PANEL MEMBER AND MODERATOR AT THE WORLD DIVERSITY LEADERSHIP SUMMIT AT THE UNITED NATIONS HEADQUARTERS IN NEW YORK, SPEAKS FREQUENTLY TO PRIMARILY AFRICAN AMERICAN CONGREGATIONS AT CHURCHES LIKE ANTIOCH BAPTIST, MEMPHIS, TN, SIXTH AVENUE BAPTIST, BIRMINGHAM, AL, AND ALLEN TEMPLE BAPTIST, OAKLAND, CA, HAS SPOKEN AT DIVERSITY ISSUES AT EDUCATIONAL INSTITUTIONS SUCH AS DUKE UNIVERSITY AND WAS GUEST SPEAKER AT A DIVERSITY SYMPOSIUM IN NASHVILLE, TN, TO NAME BUT A FEW EXAMPLES OF DIVERSITY OUTREACH BECAUSE OF ITS EFFORTS TO DIVERSIFY ITS STUDENT BODY, IN PARTICULAR, AND ITS EMPLOYEES, THE COLLEGE WAS RECENTLY INVITED INTO MEMBERSHIP OF THE SOUTHERN UNIVERSITY CONFERENCE IN FEBRUARY 2012, THE COLLEGE WAS RECOGNIZED FOR ITS DIVERSITY EFFORTS BY THE SELECTIVE CORPORATE INTERNSHIP PROGRAM |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION A, LINE 1A | BETWEEN BOARD MEETINGS THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT ON BEHALF OF THE BOARD THE MINUTES OF ALL EXECUTIVE COMMITTEE MEETINGS ARE DISTRIBUTED TO THE FULL BOARD AT EACH REGULARLY SCHEDULED MEETING OF THE BOARD OF TRUSTEES |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | PART VI, | THE COLLEGE ENTERED INTO AN LLC IN WHICH IT IS A 95% OWNER, THE OTHER OWNER IS AN INDIVIDUAL EXCEPT FOR A CASH CAPITAL CONTRIBUTION OF \$950, THE COLLEGE CONTRIBUTED NO ASSETS TO THE LLC THE LEGAL STRUCTURE AND TAX STATUS OF THE COLLEGE AND THE LLC WAS REVIEWED BY THE GENERAL COUNSEL THE LLC HAD NO ACTIVITY DURING THE FISCAL YEAR SCHEDULE K-1S ARE MADE AVAILABLE TO THE PARTNERS AND ANY INCOME IS REPORTED ON THE 990-T OF THE COLLEGE THE COLLEGE HAS NO WRITTEN POLICY ON JOINT VENTURES SINCE THIS WAS THE FIRST ONE IT HAS DONE |