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DLN: 93493135093114

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

A Fo	r the 2	2012 cale	 endar year, or tax year beginning	07-01-2012 , 2012, and ending 06-	30-2013			Inspection
		pplicable	C Name of organization	,		D Empl	oyer iden	tification number
	dress ch		Centenary College of Louisiana			72-0	408915	
ГΝа	me char	nge	Doing Business As					
┌ Ini	tıal retur	m	Number and street (or P O box if ma	all is not delivered to street address) Room/s	uıte	E Telen	hone numb	er
Г Те	rmınated	d	2911 Centenary Boulevard Suite)869-51	
☐ An	nended r	return	City or town, state or country, and Z Shreveport, LA 71104	IP + 4		(316	1009-51	101
Гар	plication	pending	Silleveport, LA 71104			G Gross	receipts \$	44,290,558
			F Name and address of prin B DAVID ROWE	cıpal officer		s this a grou	p return f	
			2911 CENTENARY BOULEV	ARD	ā	affiliates?		┌ Yes ┌ No
			SHREVEPORT,LA 71104		H(b) /	Are all affiliat	es includ	ed? 「Yes 「No
т Та	ıx-exem	pt status	▼ 501(c)(3)	nsert no)	- I	f "No," attac	halıst (see instructions)
		<u> </u>	W CENTENARY EDU	1321(110)	H(c)	Group exemp	otion num	ber ►
					1			
			Corporation Trust Association	Other ►	L Year	of formation	1825 M 9	State of legal domicile LA
Pa	rt I		mary					
			escribe the organization's missio E UNDERGRADUATE AND GRA	n or most significant activities DUATE EDUCATION IN A VARIETY	OFPRO	GRAMS TO A	A P P R O X I	MATELY 800
a)			RADUATE AND 100 GRADUAT					
ě	-							
Ē								
Governance	2 (Check th	ıs box ┡┌ ıf the organızatıon dıs	continued its operations or disposed	of more th	nan 25% of it	s net ass	ets
	, ,	Numbara	of voting mombors of the govern	ng hody (Port VI. line 15)			3	4.2
Activities &				ng body (Part VI, line 1a) . . . f the governing body (Part VI, line 1b			4	43
풀				alendar year 2012 (Part V, line 2a)			5	684
₽Ç				ecessary)			6	375
-				ort VIII, column (C), line 12			7a	86,797
				om Form 990-T, line 34			7b	55,645
						Prior Year		Current Year
-	8	Contril	outions and grants (Part VIII, lir	e1h)		6,576	,205	6,987,171
빏	9			ne 2g)		20,021		19,482,455
Revenue	10	,				3,875		2,597,366
_	11			ines 5, 6d, 8c, 9c, 10c, and 11e)		2,329	,985	2,055,376
	12			(must equal Part VIII, column (A), lır	ie	32,803	,098	31,122,368
	13			IX, column (A), lines 1-3)		11,427	,183	10,926,326
	14		·	K, column (A), line 4)			0	0
Ø?	15	Salarıe 5–10)		e benefits (Part IX, column (A), lines		12,638	667	12,612,046
136	16a	•		column (A), line 11e)			0	0
Expenses	Ь		ndraising expenses (Part IX, column (D)					
ш	17			nes 11a-11d, 11f-24e)	. 🗀	10,141	,099	10,204,691
	18			t equal Part IX, column (A), line 25)		34,206		33,743,063
	19	Reveni	ue less expenses Subtract line 1	8 from line 12		-1,403	,851	-2,620,695
<u>8</u> 8					Begi	nning of Curr	ent	End of Year
200	20	Tatala	anata (Dart V. lina 16)			Year	224	
A.S.	20 21		issets (Part X, line 16)			157,091 20,137		162,692,987
Not Assets or Fund Balances	22			ine 21 from line 20	-	136,953		143,864,596
	1111		ature Block	22			, <u> </u>	2.0,00.1,000
				mined this return, including accompa	nyıng sch	edules and st	atements	s, and to the best of
my k	nowled	ige and b	pelief, it is true, correct, and com	plete Declaration of preparer (other t				
prep	arer na	із апу кг	owledge					
		****	**			2014-05-15		
Sigi	1	Signa	ture of officer			Date		
Her			HANIE OWENS VP of Finance & Admin					
		<u> </u>	or print name and title	Droparode constitue	Data		I DTIN	
			rint/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Pai	Ч		Paige Gerich			self-employed	<u> </u>	

Firm's address ► 2800 Post Oak Blvd Ste 3200

HOUSTON, TX 77056

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

Firm's name BKD LLP

Preparer

Use Only

Firm's EIN 🕨

Phone no (713) 499-4600

✓ Yes No

Par		_	ice Accomplishments ponse to any question in this			ন
1		e the organization's mission				· ·
GRA FOU COM VAL CHU STR: OF T	DUATE PROGRA NDATION FOR S IMUNITY FOCUS UES, AND THE JO RCH, THE COLLI IVES TO OVERC HE FORCES THA EGRITY, INTELLE	MS IN THE ARTS, HUMAN STUDENTS' PERSONAL LI SED ON ETHICAL AND IN OY OF CREATIVITY AND EGE ENCOURAGES A LIF OME IGNORANCE AND I AT HAVE INFLUENCED TI ECTUAL AND MORAL CO	COLLEGE OFFERING UND NITIES, NATURAL SCIENC VES AND CAREER GOALS TELLECTUAL DEVELOPME DISCOVERY CONSISTEN ELONG DEDICATION NOT NTOLERANCE, TO EXAMITHE PAST, DRIVE THE PRESURAGE, RESPONSIBILITY, JDENTS THROUGHOUT TH	ES, AND SOCIAL S STUDENTS AND F ENT, RESPECT AND T WITH ITS AFFIL ONLY TO LEARNI NE IDEAS CRITICA ENT, AND SHAPE FAIRNESS, AND C	SCIENCES, WHICH S FACULTY WORK TOO O CONCERN FOR HU IATION WITH THE I NG BUT ALSO TO S ALLY, TO PROVIDE THE FUTURE, AND	STRENGTHEN THE GETHER TO BUILD A MAN AND SPIRITUAL JNITED METHODIST ERVING OTHERS IT AN UNDERSTANDING TO CULTIVATE
2	the prior Form 9	ation undertake any signific 90 or 990-EZ?		g the year which wer	e not listed on	┌ Yes ┌ No
3	Did the organiza	ation cease conducting, or	make sıgnıfıcant changes ın	how it conducts, an	y program · · · · · ·	「Yes F No
4	Describe the org expenses Secti	ganızatıon's program servi ion 501(c)(3) and 501(c)(4	ce accomplishments for each) organizations are required each program service repo	l to report the amou		
4a	(Code PROVIDE UNDERG) (Expenses \$ GRADUATE AND GRADUATE EDUC	23,427,616 Including gran ATION IN A VARIETY OF PROGRAM		6,326) (Revenue \$ 00 UNDERGRADUATE AND	19,482,455) 0 100 GRADUATE STUDENTS
4b	(Code) (Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
	(Code) (Expenses \$	ıncluding grant	s of \$) (Revenue \$)
	·					
	Other program	services (Describe in Sch	edule O)			
	(Expenses \$	Inc	luding grants of \$) (Reve	enue \$)
4e	Total program	service expenses 🕨	23 427 616			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CO}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🐉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		N o
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
C	· · · · · · · · · · · · · · · · · · ·	28b		N o
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c	Yes	IN 0
29			Yes Yes	NO
29 30	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
30	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		
30 31	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30		No
30 31	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31		No No
30 31 32	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32		No No
3031323334	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32 33	Yes	No No
30 31 32 33 34 35a	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32 33	Yes	No No No
30 31 32 33 34 35a	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32 33 34 35a	Yes	No No No
30 31 32 33 34 35a b	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32 33 34 35a 35b	Yes	No No No
30 31 32 33 34 35a b	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29 30 31 32 33 34 35a 35b 36 37	Yes	No No No No

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 98		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		No
	file Form 8282?	7 c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.	ı		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		Νο
6	Did the organization have members or stockholders?	6		Νο
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	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►STEPHANIE OWENS 2911 CENTENARY BOULEVARD SHREVEPORT, LA (318)869-5012

Form 990	(2012	•
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11136,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	person is both an officer from the from related organization (W-organizations (V-organizations (V-organizati						Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	ted fother atıon he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d
1b c	Sub-Total	 te to Dart VII S	 ection /		•		•	•					
d	T-4-1 (-dd lines 4b and 4s)			` .	٠.	٠.	٠.	Þ	1,300,055)		129,472
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	an	1		
												Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			
	services rendered to the organ	nization <i>? If "Yes</i>	, compl	ete S	cned	uie 3	i tor sud	cn pe	erson		5		No
Se	ection B. Independent Co												
1	Complete this table for your five	ve highest comp	ensate	d ind	epen	den	t contra	acto	rs that received mo	re than \$100,000	of		

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC AFFILIATES , PO BOX 536922 ATLANTA GA 303536922	FOOD SERVICES	1,356,450
NATIONAL MANAGEMENT RESOURCES CORPO , PO BOX 1224 LAGRANGE GA 30241	FACILITY SERVICES	1,016,696
STORER EQUIPMENT COMPANY INC , PO BOX 6761 SHREVEPORT LA71136	FACILITY SERVICES	268,477
APOGEE TELECOM INC , PO BOX 678651 DALLAS TX 752678651	NETWORK SERVICES	188,989
KI CONCERTS , 5245 CENTENNIAL BLVD STE 202 COLORADO SPRINGS CO 809194405	TOUR SERVICES	173,686
Total number of independent continues (including but not limited to these lighted	about a who was a ward make than	

Part VI	Ш	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
		Check if Schedu	ile O contains a respor	ise to any question	(A)	(B)	(C)				
					Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under			
						revenue		sections 512, 513, or 514			
	1a	Federated camp	paigns 1a								
ant	b	Membership du	es 1b								
الجرق	c	Fundraising eve	ents 1c	29,803							
iffs ar /	d	Related organiz	ations 1d								
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	(contributions) 1e	577,625							
<u> </u>	f	All other contribution	ons, gifts, grants, and 1f	6,379,743							
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no	ot included above								
i di di	g	1a-1f \$	ons included in lines	1,087,393							
a C	h	Total. Add lines	31a-1f	· · · •	6,987,171						
9				Business Code							
Tey	2a	TUITION & FEES		611710	19,482,455	19,482,455					
<u>\$</u>	b										
MCP	с										
Sei	d										
Ē	e f	All other progra	m service revenue								
Program Service Revenue	•										
-	g		2a-2f		19,482,455						
	3		ome (including dividender ar amounts)		1,280,193		68,461	1,211,732			
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0						
	5	Royalties			402,182			402,182			
	6a	Gross rents	(ı) Real 141,519	(II) Personal							
	b	Less rental	11,489								
	c	expenses Rental income	130,030	0							
	d	or (loss)	me or (loss)		130,030			130,030			
	u	Net rental medi	(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other	10,887,622	(11)							
	b	than inventory Less cost or other basis and	9,570,449								
	С	sales expenses Gaın or (loss)	1,317,173								
	d		s)		1,317,173	o		1,317,173			
a l	8a	Gross income fi									
Other Revenue		\$	803								
ě.		of contributions See Part IV, lin	reported on line 1c)								
<u>.</u>		•	а	5,003							
‡	b		penses b	6,855							
°	C Oo		loss) from fundraising	events 🛌	-1,852			-1,852			
	9a	See Part IV, lin	rom gaming activities e 19								
			а								
			penses b		0						
١,	с 10а	Gross sales of	loss) from gaming activ	vities	0						
	_ u	returns and allo									
			a	4,414,544							
		Less cost of go	oods sold b loss) from sales of inve	3,579,397	835,147			835,147			
 		Miscellaneous		Business Code	333,117						
1	11a	MISCELLANEC		900099	671,533			671,533			
	b	OIL & GAS INC	COME	900099	18,336		18,336				
	c										
	d	All other revenu	re								
	e	Total. Add lines	:11a-11d	🕨	689,869						
1	12	Total revenue.	See Instructions	▶							

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 10,926,326 10,926,326 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,087,338 595,752 390,789 100,797 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 9,560,282 5,238,079 3,435,965 886,238 Pension plan accruals and contributions (include section 401(k) 391,966 214,758 140,873 36,335 and 403(b) employer contributions) 842,719 461,726 302,873 Other employee benefits 78,120 10 729,741 399,825 262,269 67,647 11 Fees for services (non-employees) O Management 15,667 5,631 Legal 8,584 1,452 105,600 57,858 37,953 9,789 60,033 32,892 21,576 5,565 Professional fundraising services See Part IV, line 17 0 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 217,231 119,021 78,073 20,137 Schedule O) Advertising and promotion . . ٥ 12 13 Office expenses 1,889,922 1,035,488 679,238 175,196 18,917 14 Information technology . . 52,635 28,839 4,879 15 0 Royalties . 2,278,467 818,881 211,214 16 Occupancy 1,248,372 **17** 1,359,329 744,776 488,543 126,010 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 0 20 445,195 243,922 160,003 41,270 Payments to affiliates 21 O 22 Depreciation, depletion, and amortization . 2,268,768 1,243,058 815,395 210,315 23 502,996 275,591 180,777 46,628 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a DUES & MEMBERSHIPS 174,771 95,757 62,813 16,201 BAD DEBT 64,637 35,415 23,230 5,992 TUITION REMISSION 265,138 145,269 95,291 24,578 d MISCELLANEOUS 403,024 220,817 144,847 37,360 101,278 55,491 36,398 9,389 e All other expenses Total functional expenses. Add lines 1 through 24e 25 33,743,063 23,427,616 8,200,335 2,115,112 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,199,328	2	3,445,633
	3	Pledges and grants receivable, net	5,135,664	3	4,829,404
	4	Accounts receivable, net	526,536	4	787,030
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	80,000	5	60,000
ŧ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0		0
Assets		Niches and Issue vessivable was	516,684	7	550,898
¥.	7 8	Notes and loans receivable, net	0	8	0
	9	Inventories for sale or use	319,840	9	245,452
	10a	Prepaid expenses and deferred charges		9	240,402
	Ь	Less accumulated depreciation 10b 40,335,667	30,559,397	10c	29.647.560
	11	Investments—publicly traded securities	92,527,511	11	99,428,618
	12	Investments—other securities See Part IV, line 11	131,282	12	109,554
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	23,094,982	15	23,588,838
	16	Total assets. Add lines 1 through 15 (must equal line 34)	157,091,224	16	162,692,987
	17	Accounts payable and accrued expenses	4,418,000	17	3,659,521
	18	Grants payable	511,485	18	519,282
	19	Deferred revenue	300,176	19	225,808
	20	Tax-exempt bond liabilities	14,424,692	20	13,903,414
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L	О	22	0
	23	Secured mortgages and notes payable to unrelated third parties	16,138	23	6,540
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	407.000		F12 020
		D	467,028	25	513,826
	26	Total liabilities. Add lines 17 through 25	20,137,519	26	18,828,391
Ę		lines 27 through 29, and lines 33 and 34.	17.005.005		17 550 515
<u>8</u>	27	Unrestricted net assets	17,085,826	27	17,556,545
ă	28	Temporarily restricted net assets	34,542,272	28	37,998,843
Fund Balances	29	Permanently restricted net assets	85,325,607	29	88,309,208
or FL		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	136,953,705	33	143,864,596
	34	Total liabilities and net assets/fund balances	157,091,224	34	162,692,987

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,:	122,368
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,7	743,063
3	Revenue less expenses Subtract line 2 from line 1	3		-2,6	520,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		136.9	953,705
5	Net unrealized gains (losses) on investments	5			922,653
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(508,933
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			364,596
Par	t XII Financial Statements and Reporting			· · · ·	
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigle audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n		i	
За	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?	ie	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b	Yes	

Software ID: **Software Version:**

EIN: 72-0408915

Name: Centenary College of Louisiana

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list	Positio more unless an d	than	one one on is er and trust	box s bot d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
B DAVID ROWE PRESIDENT	40 0 0 0	х		х				229,740	0	23,378
MICHAEL R HEMPHILL PROVOST	40 0 0 0	х		х				176,231	0	14,375
WARREN S RAWLES EXECUTIVE VICE PRESIDENT	40 0 0 0	х		х				125,267	0	15,244
MONTY L CURTIS VP OF ENROLLMENT SERVICES	40 0 0 0	х		х				120,500	0	16,256
MICHAEL W PEARSON VP FINANCE/ADMIN 7/12-4/30/13	40 0 0 0	х		х				64,873	0	3,159
EDWARD J CRAWFORD III CHAIRMAN	1 0 0 0	х		х				0	0	0
GEORGE D NELSON JR VICE CHAIRMAN	1 0 0 0	х		х				0	0	0
AUSTIN G ROBERTSON JR TREASURER	1 0 0 0	х		х				0	0	0
JOHN F GEORGE JR SECRETARY	1 0 0 0	х		х				0	0	0
WILLIAM G ANDERSON CHAIRMAN EMERITUS	1 0 0 0	х		х				0	0	0
JOHN ATKINS MEMBER	1 0 0 0	х						0	0	0
DAVID BARLOW MEMBER	0 0	х						0	0	0
KENNETH M FISHER MEMBER	0 0	х						0	0	0
DARYL FULTZ MEMBER	0 0	х						0	0	0
BILL BROYLES MEMBER	0 0	х						0	0	0
PAUL MICHAEL MANN MEMBER	0 0	х						0	0	0
CAROL BORNE SPENCER MEMBER	0 0	х						0	0	0
W JUAN WATKINS MEMBER	0 0	х						0	0	0
JON Q PETERSEN MEMBER 	0 0	х						0	0	0
J STAFFORD COMEGYS MEMBER	0 0	х						0	0	0
PERCY V HUBBARD MEMBER	0 0	х						0	0	0
ROY S HURLEY MEMBER	0 0	х						0	0	0
DARYL W MITCHELL MEMBER ————————————————————————————————————	0 0	х						0	0	0
ANDREW M SHEHEE MEMBER	1 0 0 0	х						0	0	0
NANCY BOONE WORD MEMBER	1 0 0 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Estimated amount Average Reportable Reportable hours more than one box, compensation compensation of other per unless person is both from the from related compensation week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) (lıst organization and related any hours organizations for

for related organizations below dotted line)			
C ELLIS BROWN JR MEMBER 1 0 X	0	0	0
G ARCHER FRIERSON II MEMBER 1 0 X	0	0	0
O DELTON HARRISON JR MEMBER 1 0 X	0	0	0
JANE HUTCHINSON JAMES MEMBER 10 X	0	0	0
THOMAS E MCELROY MEMBER 10 X	0	0	0
HARRY MCINNIS MEMBER 10 X	0	0	0
CHARLES B SIMMONS MEMBER 10 X	0	0	0
MURRAY W VISER NO 0 X	0	0	0
CAMILLE BRYAN MEMBER 10 X	0	0	0
FRED LOY MEMBER X 0 0 0 X	0	0	0
CYNTHIA HARVEY 1 0 X 0 0 X	0	0	0
DONALD R AVERY 1 0 X 0 0 0 X	0	0	0
ANGIE WHITE EX-OFFICIO MEMBER 10 X	0	0	0
KENDALL HUGHES EX-OFFICIO MEMBER 10 X	0	0	0
CYNTHIA BRAME 1 0 X D 0 X	28,683	0	12,802
HAROLD CHRISTENSEN EX-OFFICIO MEMBER 10 X	35,554	0	3,056
MICHELLE GLAROS 1 0 X EX-OFFICIO MEMBER 0 0	68,001	0	7,117
STEPHANIE OWENS VP FINANCE/ADMIN 3/13-PRESENT 40 0 X X			
CARL E STEWART MEMBER 1 0 X	0		0
CHRISTOPHER L MARTIN DEAN OF THE SCHOOL OF BUSINESS 40 0 0 0	127,331	0	6,041
BARBARA DAVIS SAMPLE PROF OF BUSINESS ADMIN 0 0 X	108,071	0	18,993
SCOTT VETTER 40 0 X X WOOLF PROFESSOR OF GEOLOGY	105,054	0	9,051
KENNETH SCHWAB FORMER 0 0 0 X	110,750		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135093114

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Centenary College of Louisiana

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

									72-04089	915			
Pai				blic Charity Sta					<u> </u>	nstruction	ıs.		
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ines 1 throu	ıgh 11, check	conly one b	oox)				
1	Г	A chur	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	2			hool described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5	Γ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)								
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II)					ental unit or f	rom the ge	neral public						
8	Γ			described in section			nplete Part II	[)					
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3% c	f its support	from contri	butions, mem	bership fe	es, and gross		
		receipt	s from activ	ities related to its e	xempt functi	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 33	31/3% of		
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from l	businesses		
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	art III)				
10	Γ	Anorg	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	See sectio	on 509(a)(4).				
11	Γ	one or the box	more public	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr orting organ	ibed in sect ization and o	ion 509(a)(1 complete line) or sectior s 11e thro	1509(a)(2) S ugh 11h	ee section	509(a)(3). Check		
e	Γ	othert		ox, I certify that the on managers and ot									
f		If the c		received a written d	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	III suppo	rting organization,		
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	y of the		'		
			ng persons?										
				rectly or indirectly o	•		_	persons de	escribed in (ii)		Yes No		
				governing body of th		_	1'				Lg(i)		
		• •	•	er of a person descr	• •						lg(ii)		
L				lled entity of a perso						[11	g(iii)		
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)						
(i) Nan suppo organiz		rted org cation (des		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is to organizate col (i) listo your gove docume	ion in ted in rning	(v) Did you the organi: in col (i) o suppor	zation of your	(vi) Is organizat col (i) org in the U	ion in anized	(vii) A mount of monetary support		
				instructions))	Yes	No	Yes	No	Yes	No			
										ļ			
			1	1	1	1	1	1	1	1	1		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135093114

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Centenary College of Louisiana 72-0408915 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

		•9•
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	n
	under section 501(h)).	

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures

(a) Filing (b) Affiliated

	Limits on Lobbying E (The term "expenditures" means an	<u>-</u>		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)			
ь	Total lobbying expenditures to influence a legisla	itive body (direct lobbying)			
С	Total lobbying expenditures (add lines 1a and 1b)			
d	O ther exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1 c	: and 1d)			
f	Lobbying nontaxable amount Enter the amount for columns				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
		-			
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)			
L	Cubtract line 1 a from line 1 a If zero er lege ente	0			

- h Subtract line 1g from line 1a If zero or less, enter -0-
- i Subtract line 1f from line 1c If zero or less, enter -0-
- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

✓ Yes	┌ No
-------	------

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

			, age
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)).		
		7-1	<u></u>

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
			No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
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?	Yes			6	0,033
j	Total Add lines 1c through 1i				6	0,033
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r se	ctio	n
					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 carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					

1 1 Dues assessments and similar amounts from members

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER ACTIVITIES		CENTENARY COLLEGE PAYS CORNERSTONE GOVERNMENT AFFAIRS FOR LOBBYING DURING THE YEAR

DLN: 93493135093114

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

Supplemental Financial Statements

	me of the organization ntenary College of Louisiana	Employer identification number					
			72-0408915				
Pa	organizations Maintaining Donor Adv organization answered "Yes" to Form 990		ınds or Accounts.	Complete if the			
	organization answered Tes to Form 550	(a) Donor advised funds	(b) Funds and ot	her accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised	┌ Yes ┌ No			
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			┌ Yes			
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV,	line 7.			
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified historic structu	ıre			
Ľ	easement on the last day of the tax year	a quanned conservation contribution in ti	ie ioilli oi a collseivatii	JII			
			Held at the E	nd of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c				
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d				
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization di	urıng			
	the tax year 🛌						
4	Number of states where property subject to conservat	ion easement is located 🕨					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violations, and	┌ Yes ┌ No			
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year				
	Amount of expenses incurred in monitoring, inspecting	a and enforcing concervation eacoments	during the year				
7	►\$	g, and emoreing conservation easements	during the year				
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	┌ Yes ┌ No			
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements.	e footnote to the organization's financial					
Pai	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar A	ssets.			
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven ets held for public exhibition, education, c	or research in furtheran				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, c					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X		► \$	1,193,792			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenues included in Form 990, Part VIII, line 1		► \$				
			· · · ·				

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	ollections of Art	<u>, His</u>	<u>tori</u>	cal Treas	sures, or C	<u>)the</u>	r Similar	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other recor	ds, ch	ieck a	any of the fo	ollowing that	are a	significant i	ıse of	ıts	
а	▼ Public exhibition		d	✓	Loan or ex	change prog	rams				
b	✓ Scholarly research		e	굣	Other PU	BLIC EDUCA	OITA	N			
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ıın hov	v the	/ further the	e organızatıor	ı's ex	cempt purpos	se in		
5	During the year, did the organization solicit							nılar	_	Yes	√ No
Dai	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrange							as" to Forn			IA MO
I PC I	Part IV, line 9, or reported an ai					on answere	uı	es (01011	1	′′	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other interme	ediary	for c	ontributions	s or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able	-					
						}			Amou	ınt	
с	Beginning balance					}	1c				
d	Additions during the year					}	1d				
e	Distributions during the year					}	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						ı	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XI										J
Pa	rt V Endowment Funds. Complete					Form 990 Two years back				\	ara baak
1a	Beginning of year balance	(a)Current year 122,774,143	(D)	2007 y	277,360	107,208,147		98,719,3	_		ars back 7,871,784
b	Contributions	2,445,032		-	804,075	3,019,914	-	663,2	_		6,777,374
c	Net investment earnings, gains, and losses	_, ,				-,,					-,,
		12,507,952			864,073	20,146,690	-	12,934,0			6,414,513
d	Grants or scholarships	5,445,468		4,1	21,571	4,681,830	<u>'</u>	4,711,5	22		9,079,601
е	Other expenditures for facilities and programs	1,964			55,080						
f	Administrative expenses	382,755			194,714	415,561	L	397,0	26		435,651
g	End of year balance	131,896,940		122,7	74,143	125,277,360		107,208,1	47	g	8,719,393
2	Provide the estimated percentage of the cui	rent year end balan	ce (lın	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨	15 670 %									
ь	Permanent endowment - 84 330 %										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held and	l admınıstere	d for	the			
	organization by							_		Yes	No
	(i) unrelated organizations			•			•	<u> </u>	3a(i) 3a(ii)	Yes	No No
b	(ii) related organizations				ule R?		•	· · · <u>L</u>	3b	<u> </u> 	110
4	Describe in Part XIII the intended uses of t	•					•			<u> </u>	<u> </u>
Pai	rt VI Land, Buildings, and Equipm										
	Description of property				Cost or other (investment)			(c) Accumula depreciatio		(d) Bo	ok value
1a	Land					2,340	,006				2,340,006
b	Buildings				1,134,633	3 47,683	3,694	27,921	,489	2	0,896,838
c	Leasehold improvements					2,420),683	539	,398		1,881,285
d	Equipment					16,096	,445	11,874	,780		4,221,665
							7,766				307,766
	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Part .	X, colu	mn (I	B), line 10(c,).)				2	9,647,560
								Schedu	e D (F	orm 9	90) 2012

Part VIII Investments—Other Securities. Se	<u>e Form 990, Part X, line 1.</u>	2.	
(a) Description of security or category	(b) Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. S	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
	- 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS			22,385,642
(2) RESTRICTED CASH			786,545
(3) OTHER ASSETS			416,651
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		23,588,838
			23,586,638
Part X Other Liabilities. See Form 990, Par (a) Description of liability	t X, line 25. (b) Book value		
1 (a) Description of Hability	(B) Book Value		
Federal income taxes	0		
ASSETS HELD IN CUSTODY	256,250		
LIABILITY ON ANNUITY CONTRACTS	257,576		
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 513,826		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the orga	nızatıon's fınancıal stater	nents that reports the

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	33,260,732
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-1,459,377
3	Subtract line 2e from line 1	3	34,720,109
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-3,597,741
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,122,368
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	26,349,841
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,597,741
3	Subtract line 2e from line 1	3	22,752,100
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 XIII)		
c	Add lines 4a and 4b	4c	10,990,963
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	33,743,063

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATION'S COLLECTIONS AND EXEMPT PURPOSE	Schedule D, Part III, Line 4	THE MEADOWS MUSEUM OF ART IS A DEPARTMENT OF THE COLLEGE AND IS LOCATED ON THE COLLEGE CAMPUS THE MEADOWS MUSEUM EXISTS FOR THE PURPOSES OF HOUSING, CARING FOR, AND EXHIBITING THE PERMANENT COLLECTION ON A ROTATING BASIS AND FOR IMPLEMENTING PUBLIC EDUCATIONAL PROGRAMS DEVELOPED IN TANDEM WITH MUSEUM EXHIBITIONS IN ORDER TO MAXIMIZE EDUCATIONAL IMPACT ON VIEWERS AND PROGRAM PARTICIPANTS MUSEUM STAFF OFTEN WORK WITH COLLEGE FACULTY TO MOUNT EXHIBITIONS DIRECTLY RELATED TO COURSE CONTENT AND IN THIS WAY SIMULTANEOUSLY SERVE THE CENTENARY COLLEGE STUDENTS, FACULTY AND STAFF AS WELL AS THE REGIONAL COMMUNITY AT LARGE ALL PUBLIC EDUCATIONAL PROGRAMS AND EVENTS ARE PRESENTED FREE-OF-CHARGE PERIODICALLY, EXHIBITIONS ARE LOANED TO REGIONAL INSTITUTIONS FOR PRESENTATION THAT SPAN THE SOUTHERN GEOGRAPHIC REGION FROM NORTHERN MISSISSIPPI TO CENTRAL TEXAS THESE ACTIVITIES STRONGLY SUPPORT THE EDUCATIONAL MISSION OF CENTENARY COLLEGE
RECONCILIATION OF revenue per audited financial statements to Form 990	SCHEDULE D, PART XI, LINE 2D	Scholarships netted with Audit Revenue \$(10,926,326) Change in Split INTEREST Agreements \$608,933 Bad Debt Expense \$(64,637)
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	schedule d, part v, line 4	THE COLLEGE'S ENDOWMENT FUNDS A PORTION OF THE OPERATING AND CAPITAL REQUIREMENTS OF THE INSTITUTION IN ADDITION, THERE ARE A NUMBER OF RESTRICTED ENDOWMENTS THAT ARE INTENDED TO FUND SPECIFIC AREAS WITHIN THE INSTITUTION, INCLUDING ENDOWED FACULTY CHAIRS, ENDOWED SCHOLARSHIPS FOR QUALIFIED STUDENTS, AND OTHER

SPECIFIC AREAS

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DLN: 93493135093114

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

Cente	nary College of Louisiana	• •			
		72-0408915		T	
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adr programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation probability that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way			
	——————————————————————————————————————		3_	Yes	
4	Does the organization maintain the following?			V	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially basis?		4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No.
ŀ	Admissions policies?		5b		No
	: Employment of faculty or administrative staff?		5c		No
	Scholarships or other financial assistance?		5d		No
	Educational policies?		5e		No
	Use of facilities?		5f		No
	Athletic programs?		5g		No
•	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? Has the organization's right to such aid ever been revoked or suspended?		6a	Yes	NI -
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4	01 through 4 05	6b		No
-	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Pa		,	Vac	İ

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

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

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493135093114

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

Cer	itenary College of Louisiana					72-0408915	;
Pa	art I Fundraising Act	ivities. Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	/, line 17.
a b c d	a						F Yes F No ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(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			
Tot	al			•			
3	List all states in which the o	organization is regis	tered or lı	censed to	o solicit funds or has be	en notified it is exemp	t from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
			(a) Event #1 CLC DINNER (event type)	(b) Event #2	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	34,800	5		34,806
Revenue	2	Less Contributions	29,80	3		29,803
	3	Gross income (line 1 minus line 2)	5,00			5,003
	4	Cash prizes				
ம	5	Noncash prizes				
Expenses	6	Rent/facility costs				
<u>8</u>	7	Food and beverages .	6,780			6,780
Direct	8	Entertainment	7.	5		75
출	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in column	ı(d)		(6,855)
	11	Net income summary Combine lii				-1,852
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or rep	
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses		Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
		·	┌ Yes		Г _{Yes}	_ I
	6	Volunteer labor	□ No	□ No	┌ No	
		Direct expense summary Add lines				
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming l	licenses revoked, susper	nded or terminated during	; the tax year?	

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable o	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name 🟲			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address ▶			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 🖇		
Par	columns (III) and (v), a	mation. Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

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

OMB No 1545-0047

DLN: 93493135093114

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

Name of the organization						Employer identificati	on number
Centenary College of Louisiana						72-0408915	
Part I General Information	on on Grants and	Assistance				•	
 Does the organization maintain the selection criteria used to at Describe in Part IV the organization 	ward the grants or ass	sistance?			the grants or assist	cance, and	F Yes □ ۱
Part II Grants and Other A Form 990, Part IV, In							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5		=				_	
3 Enter total number of other orga	amzacions nstea in th	e mie i tabie	<u> </u>			<u> </u>	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 22
	Part III can be duplicated 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 AND AWARDS	672	10,926,326			
Part IV Supplemental Informa	tion.				

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Schedule I (Form 990) 2012

DLN: 93493135093114

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Centenary College of Louisiana

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	72-0408915			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		l No
Ь	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rehuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)B DAVID ROWE PRESIDENT	(i) (ii)	162,755 0	0	66,985 0	11,618 0	11,760 0	253,118 0	
(2)MICHAEL R HEMPHILL PROVOST	(i) (ii)	174,669 0	0	1,561 0	8,915 0	5,460 0	190,606	
(3)KENNETH SCHWAB FORMER	(i) (ii)	110,750	0	0	0	0	110,750	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

be complete and pare for any additional information							
Identifier	Return Reference	Explanation					
BENEFITS PROVIDED TO INDIVIDUALS		THE ORGANIZATION PROVIDES BENEFITS AS INDICATED IN LINE 1A TO THE ORGANIZATION'S TRUSTEES AND PRESIDENT ANY NON-BUSINESS OR PERSONAL PORTION OF THE BENEFITS PROVIDED HAS BEEN INCLUDED IN THE RECIPIENT'S FORM W-2 AS REQUIRED					
WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES		THE COLLEGE DOES NOT REIMBURSE FOR FIRST-CLASS TRAVEL ON AN INFREQUENT BASIS, COLLEGE EMPLOYEES MAY TRAVEL WITH A BOARD OF TRUSTEE MEMBER ON A CHARTER (OR PRIVATELY-OWNED) PLANE ON COLLEGE BUSINESS SUCH TRAVEL WOULD TYPICALLY INCLUDE THE PRESIDENT OF THE COLLEGE AND BE AUTHORIZED BY THAT PERSON HOUSING ALLOWANCES ARE PROVIDED BY CONTRACT TO THE COLLEGE PRESIDENT IN LIEU OF COLLEGE-PROVIDED HOUSING IN ADDITION, UNDER INTERNAL REVENUE SERVICE RULES, COLLEGE CLERGY MAY MAKE HOUSING ALLOWANCE ELECTIONS TO ALLOCATE A PORTION OF THEIR SALARY TO SUCH AN ALLOWANCE PROVISION AND PAYMENT OF THESE BENEFITS ARE OUTLINED IN EACH INDIVIDUAL'S EMPLOYMENT CONTRACT					

Schedule J (Form 990) 2012

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Inspection

OMB No 1545-0047

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 Part VI. ► See separate instructions.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

	ne of the organization			Emp	Employer identification number												
Cer	ntenary College of Louisiana									72	-04089	15					
P	art I Bond Issues		1														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	(f) Description of purpose		(f) Description of purpose		(g) De	feased	beh			Pool ncing
											No	Yes	No	Yes	No		
Α	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	00000000	05-01-2011	14,9	40,000	REF1	FINANCE BONDS		INANCE BONDS		Х			x		Х
Pa	art III Proceeds											D					
	A of house a water				ļ <i>1</i>	١	_	В	С								
1	A mount of bonds retired	J					0										
	A mount of bonds legally defeas	sea					0										
3	Total proceeds of issue	1 -				14,940,0	000										
4	Gross proceeds in reserve fund	Capitalized interest from proceeds															
5							0										
6	Proceeds in refunding escrows						0										
7	Issuance costs from proceeds					151,8	882										
8	Credit enhancement from proc						0										
9	Working capital expenditures f	·				0											
10	Capital expenditures from proc	ceeds ——————			0												
11	O ther spent proceeds				14,001,573												
12	O ther unspent proceeds					786,	545										
13	Year of substantial completion	<u> </u>			20										ļ		
			_		Yes	No		Yes	No	Yes	_ N	lo	Yes		No		
14	Were the bonds issued as part				Х												
15	Were the bonds issued as part	t of an advance refur	nding issue?			Х											
16	Has the final allocation of proc	eeds been made?			Х												
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х													
Pa	Part III Private Business Use																
				Yes	_		В У			<u>C</u>			D				
1	Was the organization a partne	r in a partnership. or	r a member of an LL	.C. which owned	res	No	\dashv	Yes	No	Yes	N	10	Yes	+	No		
_	sile organization a partitor	Vas the organization a partner in a partnership, or a member of an LLC, which ow				X	- 1										

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

property financed by tax-exempt bonds?

financed property?

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		•						•	
				A		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?			X						
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 fina property?									
С	Are there any research agreements that may result in private business use financed property?	e 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 proper									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?			х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und			x						
D	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В		С .		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?					<u> </u>	<u> </u>	•		
a	Rebate not due yet?	×								
b	Exception to rebate?		X							
С	No rebate due?		Х							
	If you checked "No rebate due" in line $2c$, provide in Part VI the date the rebate computation was performed			•		· ·	'			
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		•			_					

Part IV Arbitrage (Continued)

Identifier

Return Reference

	<u> </u>	A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х						
P	art VI Supplemental Information. Complete this part to pr	ovide additior	nal information	on for respor	ses to quest	tions on Sche	edule K (see	instructions)).

Schedule K (Form 990) 2012

Explanation

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DLN: 93493135093114

(Form 990 or 990-EZ)

Schedule L

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, line 38a or 40b.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service

Open to Public Inspection

	organization ege of Louisiana						En	ploye	r identii	fication	numbe	г
·								-040				
		Transactions	•				•					
		nization answered										
1 (a) Na	ame of disqualifie	person (b) Ke		p between di nd organizat		(c) Descrip	otion o	rtrans	saction	_	(d) Corr	
			person a	na organizac	1011						res	No
2 Enterth	e amount of tax 11	ncurred by organiz	ation mar	nagers or dis	qualified perso	ns during the	yearı	ınder	section			
4958 .									> \$			
3 Enterth	e amount of tax, i	f any, on line 2, at	ove, reim	nbursed by th	ie organization				> \$			
Part II	Loans to and	or From Inte	rested I	Persons								
		ganızatıon answer)-EZ. Part V. lı	ine 38a. or Fo	rm 99	0. Par	t IV . lın	ie 26. o	rıfthe	
		rted an amount on						,	, , , , , , ,	,		
	(b) Relationship		(d) Loa		(e)Original	(f) Balance	(g)		(h)		(i)Wr	
ınterested person	with organization	loan	or from		principal amount	due	due default?			Approved by board or		nent?
person			Jorganiza	icion.	amount				commi			
			То	From			Yes No		Yes			No
1) B DAVID	PRESIDENT	HOUSING		Х	120,000	60,000		Νo	Yes		Yes	
RO WE		ASSISTANCE										
											_	
										1	_	
											_	
										-	_	
otal			<u> </u>	 :		60.000		<u> </u>			٦	
	Frants or Assi	stance Benefi			Persons	00,000					1	
		organization an				t IV. line 27.						
		b) Relationship be			of assistance	(d) Type of		tance	(e)	Purpos	e of ass	ıstance
		iterested person a		` ,					` `	·		
		organization										
			-									
						•						
			-			-						
						-						

Part IV Business Transactions In Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	rested person (b) Relationship between interested person and the organization (c) A mount of transaction		(d) Description of transaction	(e) Sh of organiz reven	: zation's
				Yes	No
` , •	NELSON, OFFICER, ON BOARD	61,744	COMMISSIONS AND FEES		No
	MCINNIS, MEMBER, ON BOARD	96,507	RESIDENT HALL PARKING LOT		No

Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schodula I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493135093114

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization Centenary College of Louisiana

Employer identification number

В-	Tunna of Daniel				72-0408915			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o noncash contri		_	ts
				1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property					=		
	Securities—Publicly traded .	X	20	1,087,393	FAIR MARKET VA	LUE		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation							
	contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ► ()							
26	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple		=		29			0
20	Down a the control did to		- h.,	outer and a substitution of the state of the	1 20 46-4.4		Yes	No
sua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e thırd part	ies or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a	Yes	
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

IIIIIIDEI OI ITEIIIS IE	ecived, or a combination or both.	Also complete this part for any additional information.
Identifier	Return Reference	Explanation
Sales of Noncash Contributions		THE COLLEGE'S POLICY IS TO SELL ALL MARKETABLE SECURITIES UPON RECEIPT FROM THE DONOR THE COLLEGE WILL USE ONE OF THE BROKERAGE FIRMS IT HAS AN ACCOUNT WITH TO SELL THE DONATED SECURITIES

Schedule M (Form 990) (2012)

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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.

Employer identification number Name of the organization Centenary College of Louisiana 72-0408915

ldentifier	Return Reference	Explanation		
RELATIONSHIPS AMONG OFFICERS AND MEMBERS	FORM 990, PART VI, section a, line 2			
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, section b, line 11B	THE AUDIT COMMITTEE IS CHARTERED TO ASSIST THE BOARD OF TRUSTEES IN FULFILLING ITS OVERSIG HT RESPONSIBILITIES FOR THE FINANCIAL REPORTING PROCESS, THE SYSTEM OF INTERNAL CONTROL, T HE AUDIT PROCESS, AND THE COLLEGE'S PROCESS FOR MONITORING COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS AND THE CODE OF CONDUCT THE ORGANIZATION ENGAGES AN ACCOUNTING FIRM TO P REPARE FORM 990 THE FORM 990 IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD A RECOMMENDATION IS MADE TO THE FULL BOARD OF TRUSTEES TO ACCEPT THE FORM 990 BASED ON THE AUDIT COMMITTEE RECOMMENDATION A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING		
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	, , , , , , , , , , , , , , , , , , , ,			
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, section b, line 15A	A REVIEW IS CONDUCTED AT LEAST ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUS TEES, SAID COMMITTEE BEING COMPRISED OF THE OFFICERS OF THE BOARD THE COMMITTEE USES COMP ARABILITY DATA, SUCH AS FORM 990S OF OTHER ORGANIZATIONS AND COMPENSATION SURVEYS, AS A BASIS FOR DETERMINING COMPENSATION		
Reconciliation of Net Assets	form 990, part XI, line 9	Change in Split Interest Agreements \$ 608,933		
AVAILABILITY OF GOVERNING DOCUMENTS TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC, EXCEPT UPON REQUEST		
COMPENSATION OF OFFICERS, DIRECTORS, ETC	FORM 990, PART VII, SECTION A	BOARD MEMBERS CYNTHIA BRAME AND MICHELLE GLAROS RECEIVE COMPENSATION FROM THE ORGANIZATION FOR SERVICES AS FACULTY MEMBERS THEY DO NOT RECEIVE ANY PART OF THEIR COMPENSATION FOR S ERVICES ON THE BOARD OF DIRECTORS		

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization Centenary College of Louisiana

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

DLN: 93493135093114

2012

Open to Public Inspection

				/2-04089	915			
Part I Identification of Disregarded Entities (Com	iplete if the organization	n answered "Yes" t	o Form 990, P	art IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direc	(f) ct controlling entity		
art II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete ing the tax year.)	f the organization a	answered "Yes	" to Form 990, P	art IV, lır	ne 34 because i	t had or	те
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(ontrolle tity?
							Yes	No
							+	
or Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 501	35Y			Schedule R (For	m 990) 2	.012

(a) Name, address, and related organizat		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Dire contro entr	ct Iling	unrelated, excluded from tax under sections 512-		(g) Share of e end-of-year assets	(h Disprop r alloca	prtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or	Percel owne	ntage
						514)			Yes	No		Yes	No		
	d Organizations Taxable or more related organization (b) Primary activity		s a cor I ile oreign		n or	trust during (d) controlling Ty			l Sha	(g) Ire of en of-year assets	(h)	ntage Seership		(i) Section (b)(13 controll entity	512 3)
) Charitable Lead Trusts	Charitable Trust				NA	Tru:	st				_			Yes	No
)		тх													
									_						
									+						
		1			1	I			1						

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				'	Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
C	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
_	Don't and a far an arrived a surround to a far				1f		
	Dividends from related organization(s)						
					1g 1h		
	Purchase of assets from related organization(s)				1ii		
	Exchange of assets with related organization(s)				-		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
-	Reimbursement paid by related organization(s) for expenses				1q		
•							
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including co	vered relationships	and transaction thresholds			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amor	unt inv	olved/	

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 72-0408915

Name: Centenary College of Louisiana

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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