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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| | | applicable | C Name of organization Central College | , 07-01-2013 , 2013, and ending 06- | 30-2014 | D Emplo | yer iden | tification number |
|---------------------------------------|--|----------------------------------|--|--|-----------------|--|----------------|----------------------------|
| | | hange | Doing Business As | | | 42-0 | 680344 | |
| | ne cha | _ | boiling business / 5 | | | | | |
| | ıal retu | | Number and street (or P O box if m 812 University | all is not delivered to street address) Room/s | suite | E Teleph | one numb | er |
| | mınate | | · | <u> </u> | | (641 |)628-52 | 274 |
| _ | | return | City or town, state or province, coun Pella, IA 50219 | try, and ZIP or foreign postal code | | | | |
| App | olicatio | n pending | | | T | | | 69,380,290 |
| | | | F Name and address of prin | сіраї опісег | | s this a group ubordinates? | | for |
| T Ta: | x-exer | npt status | ▼ 501(c)(3) | nsert no) | _ in | re all subord cluded? : "No." attacl | | ✓ Yes ✓ No |
| 1 W | ehsit | · ••• \//\ | VW CENTRAL EDU | , | _ ا | | | |
| | | | | | 1 (-) | Group exemp | | |
| | n of or rt I | _ | Trust Association Trust Association | Other ► | L Year o | of formation 1 | 853 M 9 | State of legal domicile IA |
| ΓG | | | lescribe the organization's missio | n or most significant activities | | | | |
| Governance | | exceller | nce | continued its operations or disposed | | | | |
| | 3 | Number | of voting members of the govern | ng body (Part VI, line 1a) | | | з | 3 2 |
| Activities & | | | | of the governing body (Part VI, line 1 | | | 4 | 32 |
| <u>₹</u> | 5 | Total nu | ımber of ındıvıduals employed ın c | alendar year 2013 (Part V, line 2a) | | | 5 | 1,830 |
| ∢ | 6 | Total nu | ımber of volunteers (estımate ıf no | ecessary) | | | 6 | |
| | l | | | art VIII, column (C), line 12 | | | 7a | 691,275 |
| | Ь | Net unre | elated business taxable income fr | om Form 990-T, line 34 | | | 7b | |
| | | | | | | Prior Year | 270 | Current Year |
| ā | 8 | | - | ne 1 h) | • | 5,027, 58,992, | | 9,187,652 56,360,140 |
| Revenue | 9 Program service revenue (Part VIII, line 2g) | | | | | | .344 | 3,621,111 |
| æ | 11 | | revenue (Part VIII, column (A), | | | ,841 | 39,442 | |
| | 12 | | | (must equal Part VIII, column (A), lı | ne | 70.002 | 712 | |
| | 13 | | c and cumular amounts noud (Part | | | 70,082, | | 69,208,345 |
| | 14 | | · | X, column (A), line 4) | <u> </u> | 20,912, | ,900 | 20,377,792 |
| \$ | 15 | | es, other compensation, employe | e benefits (Part IX, column (A), lines | | 22,177, | ,131 | 21,636,190 |
| Expenses | 16a | Profes | ssional fundraising fees (Part IX, | column (A), line 11e) | | | | 0 |
| ਡੌ | ь | Total fo | undraising expenses (Part IX, column (D) | , line 25) • 2,246,881 | | | | |
| | 17 | | | ines 11a-11d, 11f-24e) | | 23,682 | | 23,437,487 |
| | 18 | | | t equal Part IX, column (A), line 25) | | 66,772 | | 65,451,469 |
| Net Assets or Fund Balances | 19 | Kever | nue less expenses Subtract line : | 18 from line 12 | | 3,310, ning of Curre Year | | 3,756,876 End of Year |
| 55 et 3 afan | 20 | Total | assets (Part X, line 16) | | | 182,622, | 010 | 191,727,699 |
| 유 전 표 | 21 | | | | | 68,446, | ,183 | 66,905,158 |
| | 22 | _ | ssets or fund balances Subtract | ine 21 from line 20 | | 114,175, | .827 | 124,822,541 |
| Unde my kr prepa Sign | nowle rer h | alties of dge and as any k | belief, it is true, correct, and com nowledge | mined this return, including accompa plete Declaration of preparer (other | | | | |
| Here | 2 | | RYL KAMERICK Controller | | | | | |
| | | <u> </u> | e or print name and title Print/Type preparer's name | Preparer's signature | Date | Charle F .e | PTIN | |
| Paid | 4 | _ | Joseph B Ryan CPA | | Duice | Check If self-employed | 1 0007600 | 373 |
| Pre | | | Firm's name F TD&T CPAs and Advisor | rs PC | | Firm's EIN 🟲 | | |
| Use | • | | Firm's address 🕨 317 HIGH AVE E | | | Phone no (64 | 1) 672-25 | 23 |

OSKALOOSA, IA 525772823

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

✓ Yes No

| F | orm | 990 | (201 | 3) | |
|---|-----|-----|------|----|---|
| | | | | | • |

| Par | t III | | | rvice Accomp | plishments to any line in this Part | : III | | ে |
|------------------------|--------------------------------|--|--|--------------------------------------|--|---|---|-------------|
| 1 | Brief | ly describe the or | ganızatıon's mıss | ion | | | | |
| ecum nurtu orepa | nenical ires the aration | Christian tradition character controls control controls controls controls controls control controls control controls control controls controls control | n, the college co the mind, while fo ment of values es | mmunity engages stering spiritual | s in vigorous, open inq and emotional maturit | cover and develop their gr juiry in pursuit of academic y and physical well-being owering graduates for effe | excellence The colle Central integrates ca | ege reer |
| 2 | | ne organization un | | | ervices during the yea | ar which were not listed on | | No |
| | | es," describe thes | | | | | Tes | 140 |
| 3 | Did th | • | ase conducting, | | nt changes in how it c | onducts, any program | | No |
| | If "Ye | es," describe thes | e changes on Sc | hedule O | | | | |
| 4 | exper | _ | .(c)(3) and 501(d | :)(4) organization | s are required to repo | hree largest program serv rt the amount of grants an | | ;, |
| 4a | (Code | e |) (Expenses \$ | 40,250,887 | ıncludıng grants of \$ | 20,377,792) (Revenue | \$ 40,888,264) | |
| | | /IDED EDUCATIONAL S B RECEIVING INSTITU | | | | IENCES, AND PROGRAM SERVIC | | |
| 4b | (Code | e |) (Expenses \$ | 10,053,295 | ıncludıng grants of \$ |) (Revenue | \$ 14,114,653) | |
| | PROV | IDED ROOM AND BOA | ARD ON A RESIDENTI | AL CAMPUS TO 1,205 | STUDENTS LIVING IN RES | IDENTIAL UNITS AND 1,199 STU | DENTS WITH BOARD CONT | RACTS |
| 4c | (Code | e |) (Expenses \$ | 8,210,556 | including grants of \$ |) (Revenue | \$ 1,357,228) | |
| 70 | EXPE | | OVIDING PERSONAL | SERVICES AND ACTIV | ITIES FOR STUDENTS AT A | A RESIDENTIAL COLLEGE, INCLU | | - |
| 4d | Othe | er program servic | es (Describe in S | chedule O) | | | | |
| | (Exp | enses \$ | 1,199,626 | including grants | of\$ |) (Revenue \$ | 1,207,488) | |
| 4e | Tota | ıl program service | expenses 🕨 | 59,714,364 | ļ | | | |

| Part IV | Checkli | st of | Required | Schedules |
|---------|---------|-------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{2} | 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 2 | 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^{\square} | 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^{\bullet} | 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 | Yes | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{*} | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 | Yes | |
| 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 | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more 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 | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|----------------------|---|------------------------------|-----|----------------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J </i> | 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 25a | 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | | | | ı |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Part I | 31 32 | | No No |
| 32 33 | Part I | | | |
| | Part I | 32 | | No |
| 33 34 | Part I | 32 | | No No |
| 33 34 35a | Part I | 32 33 34 | | No No |
| 33 34 35a | Part I | 32 33 34 35a | | No No No |
| 33 34 35a b | Part I | 32 33 34 35a 35b | | No No No No |

| | Check of Cabadula O acostorus a management to any line on the Part V | | | - |
|-----|--|-----|---------|---------|
| | Check if Schedule O contains a response or note to any line in this Part V | • | Yes | ▽ No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,809 | | 100 | 110 |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1c | 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 | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country ▶○C | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 52 | 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 | | INO |
| 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 | | Νo |
| 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). | | | |
| а | 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 | | Νo |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 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 | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | No |
| 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 | | Νo |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νo |
| LO | Section 501(c)(7) organizations. Enter | | | |
| а | 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 | | | |
| l1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | - | | |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| L3 | |] | | |
| а | 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 | | No |
| 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 | | | |
| c | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14a | | 1,40 |

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

| Check if Schedule O contains a response or note to any line in this Part | VΙ | | | | | | | | | | | | | | |
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| 56 | ection 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 | 1a | 32 | | | |
| | 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 | 1b | 32 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of officers. | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | the p | orior Form 990 was | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the or | raanız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the pow | erto | elect or annount one or | H | | |
| | more members of the governing body? | | | 7a | | No |
| | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written active year by the following | ons u | ndertaken during the | | | |
| 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, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not | requ | ired by the Internal R | evenu | ıe Cod | e.) |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of it the form? | s gov | erning body before filing | 11a | Yes | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this F | orm 9 | 90 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13. | | | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? | ly inte | rests that could give | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with | the p | olicy? <i>If "Yes," describe</i> | 12c | Yes | |
| 13 | In Schedule O how this was done | | | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Yes | |
| | , , | | | 14 | 1 62 | |
| 15 | Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th | e deli | beration and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | Yes | |
| b | Other officers or key employees of the organization | • | | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? | | | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | e step | s to safeguard the | 16b | | |
| Se | ection 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 (3)s only) available for public inspection. Indicate how you made these available. Ch | | | | | |

- Own website Another's website Vipon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year $\frac{1}{2}$
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SHERYL KAMERICK 812 UNIVERSITY

| Form 990 | (2013 | |
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| г | a | ч | _ | • |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an o | heck sofficer (stee) Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------|--|--------|-------|---------------|--------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | (A) Name and Title | (B) A verage hours per week (list any hours | more t perso and a | tion (han c n is l | ne l both | oox, an c | officer stee) | | Repor comper from organiza | table nsation the tion (W- | (E) Reportable compensation from related organizations (W | <u>-</u> | (F) Estima amount o compens | ted fother ation he |
|----|---|---|-----------------------------------|---------------------------|--------------|--------------|------------------------------|-----------|-------------------------------------|-------------------------------------|---|----------|---------------------------------|------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -M15C) | 2/1099-MISC) | | rganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | + | | |
| 1b | Sub-Total | | | <u> </u> | <u> </u> | <u> </u> | | | | | | | | |
| c | Total from continuation sheet | s to Part VII, S | ection A | ١. | | | | ۲ | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | | | • | • | | 706,282 | | | | 138,469 |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) wl | ho receive | d more th | an | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fc on line 1a? <i>If "Yes," complete S</i> | | | | | key • | emplo | yee, • | or highes | t compen | sated employee | 3 | | No |
| 4 | For any individual listed on line organization and related organ individual | | | | | | | | | | | 4 | Yes | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | anızatıon | or individual for | 5 | | No |
| S- | ction B. Independent Co | ntractors | | | | | | | | | • | | | |
| 1 | Complete this table for your fiv | e highest comp | | | | | | | | | | | | |
| | compensation from the organiz | ation Report co | mpens | ation | fort | he c | alenda | rye | ar ending | with or wi | thin the organizat (B) | on's | tax year (C | |
| | N. | ama and business | | | | | | | | l 5 | \-, | - 1 | ٠,٠ | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| ELLUCIAN 4375 FAIR LAKES CT FAIRFAX VA 22033 | SOFTWARE PROVIDER | 197,736 |
| TOWN CRIER 810 E 1ST PELLA IA 50219 | PRINTING | 181,574 |
| DAKTRONICS 201 DAKTRONICS DR BROOKINGS SD 57006 | ELECTRONIC SCOREBOAR | 228,828 |
| ROYALL & CO 1920 E PARHAM RD RICHMOND VA 23228 | CONSULTANT | 384,464 |
| LAMAIR 4200 UNIVERSITY W DES MOINES IA 50266 | INSURANCE BROKER | 371,696 |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►11

| Form 99 | 0 (20 | |
|---------------|----------|---------------------|
| Part V | ***** | State Check |
| | | |
| o | 1a | Federa |
| ants | ь | Memb |
| و الله | С | Fundra |
| iffs ar 4 | d | Relate |
| imil | e | Govern |
| rtion er S | f | All othe |
| agin B | g | Noncas 1a-1f \$ |
| Sont | h | Total. |
| | | |
| inue. | 2a | AUXILIA |
| Serwoe Revel | ь | EDUCAT |
| MCe | С | TUITIO |
| Š | d e | |
| Ean I | f | All oth |
| <u>ڳ</u> | g | Total. |
| | 3 | Invest |
| | 4 | and ot Income |
| | 5 | Royalt |
| | | _ |
| | 6a b | Gross Less re |
| | c | expense Rental i |
| | d | or (loss Net re |
| | | |
| | 7a | Gross a from sa |
| | | assets o |
| | Ь | Less co |
| | С | sales ex Gain or |
| | d | Net ga |
| <u>Φ</u> | 8a | Gross events |
| 뜐 | | \$ of con |
| Rev | | See Pa |
| Jer | ь | Less |
| ₹ | c | Net in |
| | 9a | Gross See Pa |
| | | JCE F |
| | b | Less |
| | 10a | Net in Gross |
| | | return |
| | ь | Less |
| | С | Netin |
| | | Misc |
| | 11a b | |
| | c | |
| | d | All oth |
| | e | Total. |
| | 12 | Total |
| | | |

| /III | Statement o | of Revenue ule O contains a respoi | aco or noto to any lu | no in this Bart VIII | | | _ |
|--------------|--|---|---------------------------------------|----------------------|--|---|--|
| | C neck IT Scheal | uie O contains a respoi | ise or note to any III | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1a | Federated cam | paigns 1a | | | | | |
| ь | Membership du | es 1b | | | | | |
| c | Fundraising eve | ents 1c | | | | | |
| d | _ | zations 1d | | | | | |
| | Government grants | | 1,207,488 | | | | |
| e | _ | | | | | | |
| f | All other contribution similar amounts no | ons, gifts, grants, and 1f ot included above | 7,980,164 | | | | |
| g | Noncash contribution | ons included in lines | 438,474 | | | | |
| h | Total. Add lines | s 1 a - 1 f | | 9,187,652 | | | |
| | | | | , , | | | |
| 2a | AUXILIARY | | Business Code 611600 | 14,114,653 | 13,431,606 | 683,047 | |
| Ь | EDUCATIONAL | | 611600 | 1,357,223 | 1,348,995 | 8,228 | |
| c | TUITION | | 611600 | 40,888,264 | 40,888,264 | 0,220 | |
| d | | | 311000 | 40,000,204 | 10,000,204 | | |
| e | | | | | | | |
| f | All other progra | am service revenue | | | | | |
| _ | Tatal Addings | - 2- 26 | | 55 250 140 | | | |
| g 3 | Total. Add lines | s 2a-2f ome (including dividen | | 56,360,140 | | | |
| | | ar amounts) | | 3,560,854 | | | 3,560,854 |
| 4 | | stment of tax-exempt bond | · · · · · · · · · · · · · · · · · · · | 8,625 | | | 8,625 |
| 5 | Royalties | | • | 0 | | | |
| 62 | Gross rents | (ı) Real 143,019 | (II) Personal | | | | |
| Ь | Less rental | 103,577 | | | | | |
| _c | expenses Rental income | 39,442 | | | | | |
| [| or (loss) | me or (loss) | | 39,442 | | | 39,442 |
| d | Net rental inco | (i) Securities | (II) O ther | 33,112 | | | 33,112 |
| 7a | Gross amount | (1) Securities | | | | | |
| | from sales of assets other | | 120,000 | | | | |
| Ь | than inventory Less cost or | | | | | | |
| - | other basis and sales expenses | | 68,368 | | | | |
| С | Gain or (loss) | | 51,632 | | | | |
| d | | • | | 51,632 | | | 51,632 |
| 8a | Gross income f events (not inc | - | | | | | |
| | | reported on line 1c) | | | | | |
| | See Part IV, lin | ne 18 a | | | | | |
| ь | less directex | penses b | | | | | |
| С | | (loss) from fundraising | events 🛌 | О | | | |
| 9a | | rom gaming activities | | | | | |
| | See Part IV, lin | ne 19 a | | | | | |
| ь | Less direct ex | penses b | | | | | |
| С | | (loss) from gamıng actı | vities | 0 | | | |
| 10a | Gross sales of | | | | | | |
| | returns and allo | owances . a | | | | | |
| ь | Less cost of g | oods sold b | | | | | |
| С | | (loss) from sales of inv | entory 🛌 | 0 | | | |
| | Miscellaneous | s Revenue | Business Code | | | | |
| 11a | | | | | | | |
| Ь | | | | | | | |
| c | A.II | | | | | | |
| d | All other revenue | | <u> </u> | | | | |
| e | Total. Add lines | | | 0 | | | |
| 12 | Total revenue. | See Instructions . | 🕨 | 69,208,345 | 55,668,865 | 691,275 | 3,660,553 |

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) .マ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) 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 20,377,792 20,377,792 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 902,659 290,837 454,265 157,557 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 16,431,276 14,196,622 1,245,122 989,532 Pension plan accruals and contributions (include section 401(k) 1,204,779 1,014,021 122,581 and 403(b) employer contributions) 68,177 Other employee benefits 1,778,596 1,536,484 170,288 71,824 10 1,318,880 1,121,338 114,180 83,362 11 Fees for services (non-employees) 79,378 76,406 Management 2,972 171,791 2,633 169,158 Legal 87,770 87,770 0 0 Professional fundraising services See Part IV, line 17 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0 Advertising and promotion . . 634,768 12 64,996 46,502 523,270 13 Office expenses 2,438,395 1,931,034 362,438 144,923 466,894 282,010 14 Information technology . . . 762,294 13,390 15 0 Royalties . . 1,082,040 1,001,727 71,421 8,892 16 Occupancy **17** 1,338,441 1,067,394 142,107 128,940 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 178,986 19 Conferences, conventions, and meetings . . . 178,986 20 2,574,065 2,566,330 6,137 1,598 Payments to affiliates 21 O 3,868,395 67,459 22 Depreciation, depletion, and amortization . 3,781,383 19,553 23 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 OPERATIONAL MAINTENANCE 3,370,988 3,271,044 69,503 30,441 OFF CAMPUS PROGRAMS 2,808,589 2,808,589 c FOOD 1,793,235 1,793,235 d FEDERAL TRIO PROGRAMS 1,199,626 1,199,626 1,048,726 1,043,399 e All other expenses 2,877 2,450 Total functional expenses. Add lines 1 through 24e 25 65,451,469 59,714,364 3,490,224 2,246,881 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

| Ра | rt X | Check if Schedule O contains a response or note to any line in this Part X | | | |
|---------------|------|--|--------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 9,012,765 | 1 | 4,771,167 |
| | 2 | Savings and temporary cash investments | 5,501,511 | 2 | 5,530,470 |
| | 3 | Pledges and grants receivable, net | 2,044,893 | 3 | 4,880,081 |
| | 4 | Accounts receivable, net | 643,426 | 4 | 950,668 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | ′ | 5 | 0 |
| ste | 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 | 5 | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 2,968,784 | 7 | 2,998,841 |
| ₹ | 8 | Inventories for sale or use | 197,805 | | 191,349 |
| | 9 | Prepaid expenses and deferred charges | 944,511 | 9 | 714,147 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 153,387,28 | · | | , |
| | Ь | Less accumulated depreciation 10b 66,543,80 | 0 88,387,158 | 10c | 86,843,499 |
| | 11 | Investments—publicly traded securities | 37,361,682 | 11 | 46,444,511 |
| | 12 | Investments—other securities See Part IV, line 11 | 34,641,723 | 12 | 37,704,845 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | 917,752 | 15 | 698,121 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 182,622,010 | 16 | 191,727,699 |
| | 17 | Accounts payable and accrued expenses | 2,355,781 | 17 | 2,360,740 |
| | 18 | Grants payable | | 18 | - |
| | 19 | Deferred revenue | 1,178,297 | 19 | 638,458 |
| | 20 | Tax-exempt bond liabilities | 61,050,000 | 20 | 60,743,726 |
| ω. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| 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 | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 0.000.405 | - | 0.400.004 |
| | | D | 3,862,105 | | 3,162,234 |
| | 26 | Total liabilities. Add lines 17 through 25 | 68,446,183 | 26 | 66,905,158 |
| ğ | 27 | lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 60,935,655 | 27 | 63,773,720 |
| <u>ଟ</u> | | | 8,665,299 | 28 | 14,634,631 |
| <u> </u> | 28 | Temporarily restricted net assets | 44,574,873 | | |
| Fund Balances | 29 | Permanently restricted net assets | 44,574,873 | 29 | 46,414,190 |
| or FL | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| \$ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets or | 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 | 114,175,827 | 33 | 124,822,541 |
| | 34 | Total liabilities and net assets/fund balances | 182,622,010 | 34 | 191,727,699 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | • | | | |
|-----|--|----------|----------------|-------|------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 69,2 | 208,345 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 6.5 | 151 460 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 2 | | 65,2 | 151,469 |
| • | revenue less expenses subtract mile 2 nom mile 1 | 3 | | 3,7 | 256,876 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 114.1 | .75,827 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| _ | Daniel and a standard of the s | 5 | | 7,4 | 45,439 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | | | | |
| | | 8 | | - 5 | 555,601 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 124,8 | 322,541 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>. Г</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | 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 | ved on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both | rate | | | |
| | ▼ Separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | ı | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | : | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | Yes | |

Software ID: 13000170 **Software Version:** 2013v4.0

EIN: 42-0680344 **Name:** Central College

| (A) Name and Title | (B) A verage hours per week (list any hours for related | more t perso and a | tion (han o n is b | ne b ooth ctor, | ox, u an of /trus | inless ficer tee) | | (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 |
|---------------------------------------|---|-----------------------------------|---------------------------|-----------------------|-------------------------|---------------------------------|----------|--|---|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | _,, | _,, | related organizations |
| JEFF OLIVER | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee KENNETH BRASKAMP | 0 00 | | + | | | | | | | |
| Trustee | 0 00 | Х | | | | | | 0 | 0 | 0 |
| PETER CARTWRIGHT | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee VERNON DEN HERDER | 0 00 | | | | | | | | | |
| Trustee | 0 00 | Х | | | | | | 0 | 0 | 0 |
| TEJ DHAWAN | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee BETSY FARVER-SMITH | 0 00 | | - | | | | | | | |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| JULIE FISHER | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee SHAYLA FROM | 0 00 | | - | | | | | Ů | | |
| Secretary | 0 00 | × | | х | | | | 0 | 0 | 0 |
| TERRY GARVIN | 0 00 | | | | | | | | 0 | 0 |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| JAMES ISRAEL | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee BARBARA KNIFF-MCCULLA | 0 00 | | | | | | | | | |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| THOMAS KOOS | 0 00 | × | | | | | | 0 | 0 | О |
| Trustee KEVIN KORVER | 0 00 | l | | | | | | | | _ |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| J LANIER LITTLE | 4 00 | × | | х | | | | 0 | 0 | 0 |
| Chairman SOPHIE MATHONNET-VANDER WELL | 0 00 | | | | | | | | | |
| Trustee | 0 00 | Х | | | | | | 0 | 0 | 0 |
| CHARLES MORRIS | 0 00 | x | | | | | | 0 | 0 | o |
| Trustee KATHY SIKKEMA | 0 00 | | \vdash | | | | | | | |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| MIKE ORR | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee KARIN PETERSON | 0 00 | | | | | | | | | |
| Trustee | 0 00 | Х | | | | | | 0 | 0 | 0 |
| BARBARA PETTITT | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee STAN POORTINGA | 0 00 | | - | | | | | | | |
| Trustee | 0 00 | x | | | | | | 0 | 0 | 0 |
| RICK RYAN | 0 00 | × | | x | | | | 0 | 0 | 0 |
| vice chairman | 0 00 | | | <u> </u> | - | | | , | 0 | |
| JOHN SCHMIDT Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| DONNA SMITH | 0 00 | | | | | | | | | |
| Trustee | 0 00 | × | | | | | | 0 | 0 | 0 |
| HARRY SMITH | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee | 0 00 | L | 1 | | | | <u> </u> | | | |

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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | Pore so a Individual trustae or director | ion (d nan o n is b | ne bo oth a ctor/ | ox, u an of trus | ınless ffıcer tee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|--|---------------------------|-------------------------|------------------------|--------------------------|---|--|---|--|
| | | stee | Trustee | | Φ | pensated | | | | |
| ROBERT VERMEER | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee | 0 00 | , | | | | | | Ů | | |
| DEANNA VER STEEG | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee CLAY THOMPSON | 0 00 | | | | | | - | | | |
| | 0 00 | x | | | | | | 0 | 0 | 0 |
| Trustee JUDITH VOGEL | 0 00 | | | | | | | | | |
| JUDITH VOGEL | 0 00 | x | | х | | | | 0 | 0 | 0 |
| vice chair | 0 00 | | | | | | | | | |
| STEVE SIKKINK | 0 00 | х | | | | | | 0 | 0 | 0 |
| Trustee | 0 00 | | | | | | | | | |
| MARY WORSTELL | 0 00 | × | | | | | | 0 | 0 | 0 |
| Trustee | 0 00 | | | | | | | | | |
| BERNADETTE ALLEN | 0 00 | x | | | | | | 0 | 0 | 0 |
| Trustee | 0 00 | | | | | | | | | |
| MARK PUTNAM | 40 00 | | | х | | | | 236,365 | 0 | 42,853 |
| President | 0 00 | | | | | | | | | |
| SHERYL KAMERICK | 40 00 | | | х | | | | 79,442 | 0 | 9,068 |
| Controller | 0 00 | | | | | | | , | | |
| MARGARET TUNGSETH | 40 00 | | | х | | | | 119,806 | 0 | 30,092 |
| VP FINANCE | 0 00 | | | | | | | | - | |
| MARY STREY | 40 00 | | | | x | | | 167,944 | 0 | 34,366 |
| VP ACADEMIC AFFAIRS | 0 00 | | | | | | | | - | |
| JEFFREY MCMARTIN | 40 00 | | | | | x | | 102,725 | 0 | 22,090 |
| EDUCATOR/COACH | 0 00 | | | | | | | ,. == | | |
| | | | | | | | | | | |

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As Filed Data -

DLN: 93493120004205

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

| Centra | al Colleg | ge 42-0680344 | | | |
|--------|-----------|--|-------------|--------|----------|
| Pa | rt I | Reason for Public Charity Status (All organizations must complete this part.) See instruc | tions. | | |
| | | zation is not a private foundation because it is (For lines 1 through 11, check only one box) | | | - |
| 1 | Г | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | |
| 2 | <u>~</u> | A school 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) hospital's name, city, and state | (iii). Ente | r the | |
| 5 | Г | An organization operated for the benefit of a college or university owned or operated by a governmental uni | t describe | d ın | |
| | | section 170(b)(1)(A)(iv). (Complete Part II) | | | |
| 6 | Г | 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 unit or from the described in section 170(b)(1)(A)(vi). (Complete Part II) | e general | public | |
| 8 | _ | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | _ | • | |
| 9 | ļ | An organization that normally receives (1) more than 331/3% of its support from contributions, membershi | | _ | S |
| | | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that | | | |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) fr | om busine | esses | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | |
| 10 | Γ | An organization organized and operated exclusively to test for public safety See section 509(a)(4). | | | |
| 11 | Γ | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a | tion 509(| a)(3). | Check |
| e | Γ | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more dother than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) | • | | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III sucheck this box | pporting (| organı | zation, |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? | | | |
| | | (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) | 11(2) | Yes | No |
| | | and (III) below, the governing body of the supported organization? | 11g(i) | | <u> </u> |
| | | (ii) A family member of a person described in (i) above? | 11g(ii) | | |
| | | (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | l |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see | (iv) Is to organization col (i) listo your gove docume | on in ted in rning | (v) Did you the organiz in col (i) o suppor | zation of your | (vi) Is to organization col (i) organization col (i) organization col (ii) organization col (iii) organization col | on in anized | (vii) A mount of monetary support |
|--|----------|--|--|--------------------------|--|-------------------|--|-----------------|---|
| | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Provide the following information about the supported organization(s)

| Sch | edule A (Form 990 or 990-EZ) 2013 | | | | | | 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 failed | to qualify under |
| _ | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | low, please con | iplete Part . | .111.) |
| | endar year (or fiscal year beginning | (-) 2000 | (1-) 2010 | (-) 2011 | (4) 2012 | (-) 201 | (5) T. I. |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201: | 3 (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 | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | I | <u> </u> | | I | | I |
| | endar year (or fiscal year beginning | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (6) 2011 | (u) 2012 | (e) 2013 | (I) I otal |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried | | | | | | |
| | on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | • | | 12 | 1 |
| 13 | First five years. If the Form 990 is i | for the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | 501(c)(3) o | rganızatıon, check |
| | this box and stop here | | | | <u> </u> | <u> </u> | <u></u> |
| | ection C. Computation of Pub | | | 4.4 1 (5) | | | |
| 14 | Public support percentage for 2013 | | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2012 | · · | • | | | 15 | _ |
| 16a | 33 1/3% support test—2013. If the condition have | | | | line 14 is 33 1/3% | or more, che | ck this box |
| b | and stop here. The organization qua 33 1/3% support test—2012. If the | | | | and line 15 is 33 | 8 1/3% or more | |
| | box and stop here. The organization | | | | , 10 00 | . 40.001111011 | ► F |
| 17a | 10%-facts-and-circumstances test- | -2013. If the org | anızatıon dıd not | check a box on lı | | | |
| | is 10% or more, and if the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts-and | d-circumstances' | test The organ | ızatıon qualıfıes a | s a publicly s | |
| Ь | organization 10%-facts-and-circumstances test- | -2012 . If the ora | anization did not | check a hov on li | ne 13 16a 16b | or 17a and L | ▶ 厂 |
| | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | | | | ublicly |
| | supported organization | | | | 4-71 | | ▶ □ |
| 18 | Private foundation. If the organizat instructions | ion aid not check | k a box on line 13 | , 16a, 16b, 1/a, | or 1/p, check thi | s pox and se | e ▶□ |
| | | | | | | | г, |

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | 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 | | | | | | |
| 4 | business under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|-------------------------|-------------|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| Retu | ırn Reference | Explanation | | | | | | |
| | | Schodulo A / Form 000 o | 000 E7) 201 | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493120004205

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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. ► Information about Schedule D (Form 990)

Open to Public

| al Revenue Service | tructions is at <u>www.irs.gov/roriii990</u> . | | Inspection |
|---|--|--------------------------|-------------------|
| ame of the organization Intral College | | Employer identifica | tion number |
| ntial College | | 42-0680344 | |
| | Advised Funds or Other Similar F | unds or Accounts | . Complete if the |
| organization answered "Yes" to Form | | 1 (1) 5 1 1 | |
| Total number at and af warm | (a) Donor advised funds | (b) Funds and | otner accounts |
| Total number at end of year Aggregate contributions to (during year) | | | |
| Aggregate contributions to (during year) Aggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and donor a | dvicore in writing that the accets held in dor | or advised | |
| funds are the organization's property, subject to t | he organization's exclusive legal control? | | ☐ Yes ☐ No |
| Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit? | | | ┌ Yes ┌ No |
| | te if the organization answered "Yes" t | o Form 990, Part I\ | /, line 7. |
| Purpose(s) of conservation easements held by the | e organization (check all that apply) | | |
| igcap Preservation of land for public use (e g , recrea | ation or education) $\ \ 	extstyle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | historically important | land area |
| Protection of natural habitat | Preservation of a | certified historic struc | ture |
| Preservation of open space | | | |
| Complete lines 2a through 2d if the organization h | ield a qualified conservation contribution in t | the form of a conserva | tion |
| easement on the last day of the tax year | | Hold at the | End of the Year |
| Total number of conservation easements | | 2a | Lilu of the real |
| Total acreage restricted by conservation easeme | nts | 2b | |
| Number of conservation easements on a certified | | 2c | |
| Number of conservation easements included in (c | • • | | |
| historic structure listed in the National Register | , , | 2d | |
| Number of conservation easements modified, tran | sferred, released, extinguished, or terminate | ed by the organization | durıng |
| the tax year ▶ | | | |
| Number of states where property subject to conse | rvation easement is located ► | | |
| Does the organization have a written policy regard enforcement of the conservation easements it hol | | dling of violations, and | ┌ Yes ┌ No |
| Staff and volunteer hours devoted to monitoring, in | nspecting, and enforcing conservation easer | ments during the year | |
| Amount of expenses incurred in monitoring, inspe | cting, and enforcing conservation easement | s during the year | |
| ► \$ | | | |
| Does each conservation easement reported on lin and section $170(h)(4)(B)(II)$? | e 2(d) above satisfy the requirements of sec | ction 170(h)(4)(B)(ı) | ┌ Yes ┌ No |
| In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas | of the footnote to the organization's financia | | |
| - | tions of Art, Historical Treasures, | or Other Similar | Assets. |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footn | AS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, | or research in furthera | |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, | statement and balanc | |
| (i) Revenues included in Form 990, Part VIII, line | e 1 | ► \$ | |
| (ii) Assets included in Form 990, Part X | | . <u></u> | 367,503 |
| If the organization received or held works of art, h following amounts required to be reported under S | | or financial gain, provi | |
| Revenues included in Form 990, Part VIII, line 1 | , , , , | | |
| | | | |
| Assets included in Form 990, Part X | | ► \$ | |

| a | Using the organization's acquisition, access collection items (check all that apply) Public exhibition Scholarly research | • | s, checl | , | - | - | e of its |
|---------------------------------------|---|-------------------------|-------------------|------------------------------------|------------------|---------------------------------------|--|
| b G G G G G G G G G | _ | | d 🗸 | Loopera | | | |
| c P | - Scholarly research | | - , | Loan or e | xchange progra | ams | |
| 4 P | Scholarly research | | е Г | Other | | | |
| | Preservation for future generations | | | | | | |
| | rovide a description of the organization's co | ollections and explain | how th | ey further th | ne organization' | s exempt purpose | ın |
| | During the year, did the organization solicit o | | | | | | F., F., |
| a Part | ssets to be sold to raise funds rather than t IV Escrow and Custodial Arrang | | | | | | Yes No |
| Part | Part IV, line 9, or reported an an | | | | | i tes to roillis | 790, |
| | s the organization an agent, trustee, custod ncluded on Form 990, Part X? | | | | | ets not | ┌ Yes ┌ No |
| b I | f "Yes," explain the arrangement in Part XII | I and complete the fo | llowing | j table | _ | | |
| | | | | | | | nount |
| _ | Beginning balance | | | | <u> </u> | 1c | |
| | Additions during the year | | | | <u> </u> | 1d | |
| _ | Distributions during the year | | | | ⊢ | 1e | |
| | Ending balance | | 212 | | | 1f | |
| 2a D | Old the organization include an amount on Fo | orm 990, Part X, line 2 | 217 | | | | ┌ Yes ┌ No ┌ |
| | f "Yes," explain the arrangement in Part XII | | | | - | | <u></u> |
| Part | V Endowment Funds. Complete | f the organization a | answe (b)Prioi | | | Part IV, line 10. (d)Three years back | (e)Four years back |
| 1a B | Beginning of year balance | 71,067,325 | | 8,072,256 | 73,107,882 | 64,144,344 | 63,056,305 |
| | Contributions | 1,292,161 | | 970,603 | 864,031 | 1,230,683 | 1,268,850 |
| c N | let investment earnings, gains, and losses | 10,928,140 | | 5,424,466 | -2,513,556 | 11,140,659 | 3,549,032 |
| d G | Grants or scholarships | 1,458,338 | | 2,368,163 | 1,205,950 | 1,074,512 | 1,205,583 |
| | Other expenditures for facilities | | | | | | |
| a | nd programs | 1,941,662 | | 1,031,837 | 2,180,151 | 2,333,292 | 2,524,260 |
| | dministrative expenses | 70.007.636 | | 1 067 225 | 60.072.256 | 72 407 002 | 64.444.244 |
| _ | ind of year balance | 79,887,626 | | 1,067,325 | 68,072,256 | 73,107,882 | 64,144,344 |
| | rovide the estimated percentage of the curi | • | (line 1 | g, column (a | a)) held as | | |
| | Joana designated of quasi-endownient | 34 000 % | | | | | |
| b P | ermanent endowment ► 55 000 % | | | | | | |
| | emporarily restricted endowment F | 000 % | | | | | |
| | he percentages in lines 2a, 2b, and 2c sho | · | | | | | |
| | are there endowment funds not in the posses organization by | ssion of the organizati | ion tha | t are held an | id administered | for the | Yes No |
| | i) unrelated organizations | | | | | 3a | |
| • | ii) related organizations | | | | | 3a(| ii) No |
| | f "Yes" to 3a(II), are the related organizatio | • | | | | 3 | b No |
| | Describe in Part XIII the intended uses of the | | | | | to Forme 000 De | and TV Inc. |
| Part | VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line : | | e orga | inization ar | nswered Yes | to Form 990, Pa | art IV, line |
| | Description of property | | | a) Cost or othe Isis (investmen | | | d (d) Book value |
| 1a La | nd | | \top | | 6,607 | .588 | 6,607,588 |
| b Bu | ıldıngs | | | | 123,915 | | |
| c Le | asehold improvements | | . [| | | | |
| | uipment | | . [| | 21,977 | .557 20,938,63 | 1,038,924 |
| d Eq | | | | | | | |
| e Ot | her | | | | | 270 | 886,270 86,843,499 |

| See Form 990, Part X, line 12. | piete if the organization | answered Yes to Form 990, Part IV, | line 11b. |
|---|----------------------------|--|----------------|
| (a) Description of security or category | (b)Book value | (c) Method of valuation | |
| (including name of security) | | Cost or end-of-year market value | |
| (1)Financial derivatives (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 37,704,845 | ; | |
| Part VIII Investments—Program Related. Col | | | , line 11c. |
| See Form 990, Part X, line 13. | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation | |
| | | Cost or end-of-year market value | |
| | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. Complete if the organization | answered 'Yes' to Form 990 | O, Part IV, line 11d See Form 990, Part X, I | line 15 |
| (a) Descrip | otion | (b) Book valu | ıe |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | · · · · · | | |
| Part X Other Liabilities. Complete if the organ | | | See |
| Form 990, Part X, line 25. | | , | |
| 1 (a) Description of liability | (b) Book value | | _ _ |
| Federal income taxes | | | |
| ANNUITIES PAYABLE | 890,779 | | |
| US GOVT GRANT REFUNDABLE | 2,271,455 | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | |

amounts included on 990 but not

included in F/S

| Part | | | evenue per Audited Financial Statements with Revenue p vered 'Yes' to Form 990, Part IV, line 12a. | er K | eturn Complete if |
|---------|------------|---|---|----------|--------------------------|
| 1 | | | r support per audited financial statements | 1 | 56,379,869 |
| 2 | A moun | ts included on line 1 but | t not on Form 990, Part VIII, line 12 | | |
| а | Net uni | realized gains on invest | ments 2a 7,445,439 | | |
| b | Donate | ed services and use of fa | icilities 2b | | |
| c | Recove | eries of prior year grants | 2c | | |
| d | Other (| (Describe in Part XIII) | | | |
| e | | es 2a through 2d . | | 2e | 7,549,316 |
| 3 | Subtra | ct line 2e from line 1 . | | 3 | 48,830,553 |
| 4 | A moun | ts included on Form 990 | D, Part VIII, line 12, but not on line 1 | - | , , |
| a | | | ided on Form 990, Part VIII, line 7b . 4a | | |
| b | | • | | | |
| c | | | | 4c | 20,377,792 |
| 5 | | | 4c. (This must equal Form 990, Part I, line 12) | 5 | 69,208,345 |
| | | | kpenses per Audited Financial Statements With Expenses | | |
| T GT C | | | swered 'Yes' to Form 990, Part IV, line 12a. | PCI | Retain: Complete |
| 1 | Total e | xpenses and losses per | audited financial statements | 1 | 45,177,554 |
| 2 | A moun | ts included on line 1 but | not on Form 990, Part IX, line 25 | | |
| а | Donate | d services and use of fa | cilities 2a | | |
| b | Priorye | ear adjustments | | 1 | |
| c | | | | 1 | |
| d | | | | 1 | |
| e | • | , | | 2e | 103,877 |
| 3 | | - | | 3 | 45,073,677 |
| 4 | | |), Part IX, line 25, but not on line 1: | <u> </u> | 43,073,077 |
| | | | | | |
| a | | • | | ł | |
| Ь | | | | 1 | 20 277 702 |
| С _ | | es 4a and 4b | | 4c | 20,377,792 |
| 5 | | | d 4c. (This must equal Form 990, Part I, line 18) | 5 | 65,451,469 |
| | | Supplemental Inf | | | |
| | | | Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to | | de any additional |
| | mation | , | | | |
| | Reti | urn Reference | Explanation | | |
| Part II | II, Line 4 | Description of | PAINTINGS AND INDIAN JEWELRY COLLECTION USED IN ACADEM: | IC CL | ASSES, PUBLIC |
| organi | | collections and how it | DISPLAY ON CAMPUS, AND LOANED TO OTHER NON-PROFIT ORGA | | |
| | • | Intended uses of the | THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO FUND EDUC | | |
| endow | ment fun | ıd | FOR CENTRAL COLLEGE STUDENTS, FACULTY, AND SUPPORT FOR EADDITIONAL SPECIAL PROJECTS FOR FACULTY MEMBERS AND THE | | |
| Part Y | FIN48 | Footnote | The Internal Revenue Service has determined that the College is exempt | | |
| Turch | 111110 | 1 oothote | under Section 501(c)(3) of the Internal Revenue Code The College is als | | |
| | | | tax However, any unrelated business income may be subject to taxation | | - |
| | | | accounting standards for contingencies in evaluating uncertain tax positions prescribes recognition threshold principles for the financial statement recognition. | | |
| | | | taken or expected to be taken on a tax return that are not certain to be re | _ | • |
| | | | recognized by the College for uncertain tax positions as of June 30, 2014 | | |
| | | | tax returns are subject to review and examination by federal and state au fiscal years 2011 and thereafter are open to examination by federal and s | | |
| Part X | I. Line 2 | d Other revenue | RENTAL EXPENSES \$103877 | reace e | authorities |
| amoun | nts includ | ded in F/S but not | | | |
| | ed on for | | | | |
| | • | b Other revenue ded on 990 but not | SCHOLARSHIPS REPORTING ADJ \$20377792 | | |
| | ed in F/S | | | | |
| Part X | II, Line 2 | 2d Other expenses audited F/S | RENTAL EXPENSES \$103877 | | |
| | | 4b Other revenue | SCHOLARSHIPS REPORTING ADJ \$20377792 | | |

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
| | | |
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Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120004205

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization Central College

Employer identification number

42-0680344

| Pa | rt I | | YES | NO |
|----|--|----------------|-----|-----|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II | 3 | Yes | |
| | | - | | |
| 4 | Does the organization maintain the following? | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | If you answered "No" to any of the above, please explain If you need more space, use Part II | | | |
| 5 | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | - 5a | | No |
| u | Students Tights of privileges. | Ju | | 110 |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | No |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? | 5h | | No |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Part II | | | |
| | | - | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| | Has the organization's right to such aid ever been revoked or suspended? | 6b | | No |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | | |
| | of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | Yes | |

Part II Supplemental Information. 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)

| Return Reference | Explanation | | | | |
|--|--|--|--|--|--|
| Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency | Central College receives Title IV Financial Aid for students from the Department of Education Pell Grant, Seog, Work Study Funds, Teacher Education Grants/Loans, and Direct Loans | | | | |
| Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized | CENTRAL COLLEGE ADMITS STUDENTS ON THE BASIS OF ACADEMIC QUALIFICATIONS WITHOUT REGARD TO SEX, RACE, COLOR, CREED, NATIONAL OR ETHNIC ORIGIN, OR PHYSICAL HANDICAP CENTRAL COLLEGE STUDENTS HAVE EQUAL RIGHTS, PRIVILEGES, AND RESPONSIBILITIES UNLESS SPECIFICALLY RESTRICTED BY DISCIPLINARY PROCESS | | | | |
| Schedule E, Line 4 - Explanation of Records and Materials Not Maintained | | | | | |
| Schedule E, Line 5 - Explanation of Organization Discrimination by Race | | | | | |

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120004205

OMB No 1545-0047

2013

2013

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organi | zation | | | | Employer ident | ification number | |
|---|---|-------------------------------------|--|---|--|--|--|
| Central College | | | | | 42-0680344 | | |
| | eral Information to Form 990, Par | | | ne United States. C | omplete if the organiz | ation answered | |
| For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | |
| | akers. Describe in outside the United | | ganızatıon's p | rocedures for monitor | ing the use of its gran | ts and other | |
| 3 Activites per | Region (The follow | ing Part I, line 3 | 3 table can be d | uplicated if additional sp | ace is needed) | | |
| (a) R | Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region | |
| (1) EUROPE | | 6 | 6 | PROGRAM SERVICES | SCHOOL EDUCATIONAL | 2,862,88 | |
| (2) NORTH AME | RICA | 1 | 1 | PROGRAM SERVICES | SCHOOL EDUCATIONAL | 185,45 | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| to Part I | ontinuation sheets | 7 | 7 | | | 3,048,33 | |
| c iocais (add ii | ilies sa aliu su) | ı /l | / | 1 | I | 3,040,33 | |

| Pa | | | | | | ited States. Compl duplicated if additior | | | to Form 990, |
|-----|--------------------------|---|--------------------|-------------------------|------------------------------|---|------------------------------------|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (: | 1) | | | | | | | | |
| (: | 2) | | | | | | | | |
| (: | 3) | | | | | | | | |
| (4 | 4) | | | | | | | | |
| 2 | | | | | | ies by the foreign co (c)(3) equivalency l | | | |
| 3 | Enter total nur | nber of other or | ganızatıons or ent | rities | | | | | |

Schedule F (Form 990) 2013

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

| Part III can be | duplicated if addit | ional space is ne | eeded. | | | | |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | 1 | | | l . | | | |

Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Γ | Yes | V | No |
|---|--|---|-----|------------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Г | Yes | V | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | Г | Yes | <u>ح</u> ا | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Г | Yes | V | . No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | Г | Yes | দ | . No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). | Г | Yes | V | . No |

Schedule F (Form 990) 2013

Additional Data

Software ID: 13000170

Software Version: 2013v4.0

EIN: 42-0680344

Name: Central College

Schedule F (Form 990) 2013

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

DLN: 93493120004205

OMB No 1545-0047

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

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

| Internal Revenue Service | 🟲 Informatio | n about Schedule I (Fo | orm 990) and its instruct | ions is at <u>www.i<i>rs.gov /</i></u> | form 990. | | Inspection |
|---|---|--|-----------------------------|--|---|--|---------------------|
| Name of the organization | | | | | | Employer identificati | on number |
| Central College | | | | | | 42-0680344 | |
| Part I General Informat | ion on Grants and | d Assistance | | | | • | |
| Does the organization maintal the selection criteria used to Describe in Part IV the organ | award the grants or as ızatıon's procedures fo | sistance? or monitoring the use o | f grant funds in the Unite | ed States | | | √ Yes |
| | | | | United States. Con ort II can be duplicate | | | 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 gran |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Enter total number of sectionEnter total number of other or | | | | | | · · · • • – | 0 |

| Schedule I | (Form 990) 2013 |
|------------|--|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, 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) CENTRAL COLLEGE AWARDED FIN AID | 1293 | 18,952,740 | | | |
| (2) CENTRAL ENDOWED SCHOLARSHIPS | 593 | 1,425,052 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Supplemental Information. Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information. | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | |
| A dditional Supplemental | CENTRAL COLLEGE PROCEDURE FOR MONITORING GRANTS CENTRAL COLLEGE EMPLOYEES REVIEW COMPLIANCE FOR ALL FEDERAL, | | | | | | | |
| Information | STATE, AND PRIVATE GRANTS RECEIVED IN ADDITION, CENTRAL COLLEGE PARTICIPATES IN AN A-133 AUDIT ON AN ANNUAL BASIS | | | | | | | |
| | FROM OUR EXTERNAL AUDIT FIRM | | | | | | | |

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DLN: 93493120004205

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization Central College

Employer identification number 42-0680344

| Рa | rt I | Questions Regarding Compensation | | | | | |
|----|-------|---|----------|--|----|-----|----|
| | _ | | | | | Yes | No |
| la | | | | ny of the following to or for a person listed in Form ride any relevant information regarding these items | | | |
| | ┌ F | irst-class or charter travel | <u></u> | Housing allowance or residence for personal use | | | |
| | Гт | ravel for companions | Γ | Payments for business use of personal residence | | | |
| | ГТ | ax idemnification and gross-up payments | <u></u> | Health or social club dues or initiation fees | | | |
| | | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | | of the boxes in line 1a are checked, did the orgoursement or provision of all of the expenses des | | | 1b | Yes | |
| 2 | | ne organization require substantiation prior to re tors, trustees, officers, including the CEO/Execu | | | 2 | Yes | |
| | | | | | | | |
| 3 | orgar | ate which, if any, of the following the filing organi nization's CEO/Executive Director Check all tha by a related organization to establish compensa | t apply | | | | |
| | _ | Compensation committee | 굣 | Written employment contract | | | |
| | | ndependent compensation consultant | <u>.</u> | | | | |
| | | form 990 of other organizations | <u> </u> | Approval by the board or compensation committee | | | |
| 4 | | ig the year, did any person listed in Form 990, Pa elated organization | art VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Rece | ive a severance payment or change-of-control p | aymen | nt? | 4a | | Νo |
| b | Parti | cipate in, or receive payment from, a supplement | al non | qualified retirement plan? | 4b | | Νo |
| c | Parti | cipate in, or receive payment from, an equity-bas | sed co | mpensation arrangement? | 4c | | Νo |
| | If"Ye | es" to any of lines 4a-c, list the persons and prov | vide th | ne applicable amounts for each item in Part III | | | |
| | Only | 501(c)(3) and 501(c)(4) organizations only mus | t comp | plete lines 5-9. | | | |
| 5 | | ersons listed in Form 990, Part VII, Section A, lensation contingent on the revenues of | ıne 1a | , did the organization pay or accrue any | | | |
| а | The | organization? | | | 5a | | Νo |
| b | Anyr | elated organization? | | | 5b | | No |
| | If"Y€ | es," to line 5a or 5b, describe in Part III | | | | | |
| 5 | | ersons listed in Form 990, Part VII, Section A, l ensation contingent on the net earnings of | ıne 1a | , did the organization pay or accrue any | | | |
| а | The | organization? | | | 6a | | Νo |
| b | Anyr | elated organization? | | | 6b | | Νo |
| | If"Y€ | es," to line 6a or 6b, describe in Part III | | | | | |
| 7 | | ersons listed in Form 990, Part VII, Section A, l ents not described in lines 5 and 6? If "Yes," de | | | 7 | | Νo |
| 3 | | any amounts reported in Form 990, Part VII, pa | | | | | |
| | subje | ct to the initial contract exception described in I | | itions section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Pa | rt III | | | 8 | | Νo |
| 9 | | es" to line 8, did the organization also follow the on 53 4958-6(c)? | rebutt | able presumption procedure described in Regulations | 9 | | No |

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

| l | | | | | | | | |
|--------------------------------------|-------------|--|--|--|--|-----------------------------------|------------------------------------|--|
| (A) Name and Title | | (i) Base (ii) Bonus & (iii) Other reportable compensation compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported as deferred in prior Form 990 |
| (1)MARK PUTNAM President | (i) (ii) | 236,365 | | | 34,208 | 8,645 | 279,218 | |
| (2)MARY STREY VP ACADEMIC AFFAIRS | (i) (ii) | 167,944 | | | 18,025 | 16,341 | 202,310 | |

Schedule J (Form 990) 2013

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Part I, Line 1a Relevant information in regards to selections on 1a | |
| , | CENTRAL COLLEGE OWNED PROPERTY IS PROVIDED TO THE PRESIDENT THE PROPERTY IS USED FOR MANY COLLEGE FUNCTIONS, MEALS, AND RECEPTIONS INVOLVING FACULTY, STAFF, STUDENTS, DONORS, AND THE GENERAL PUBLIC THROUGHOUT THE YEAR THERE IS NO PRIVATE RESIDENCE FOR THE FAMILY SOCIAL CLUB DUES ARE PAID BY THE COLLEGE AND TREATED AS A TAXABLE BENEFIT THE PRESIDENT PAYS FOR ANY PERSONAL MEALS |

Schedule J (Form 990) 2013

DLN: 93493120004205

2013

Open to Public

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.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

42-0680344

Internal Revenue Service Name of the organization Central College

Department of the Treasury

Part I Bond Issues (h) On (i) Pool (g) Defeased behalf of (b) Issuer EIN financing (a) Issuer name (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No CITY OF PELLA 42-6005115 06-29-2005 SEE PART VI Χ Χ Χ 2,100,000 IOWA FINANCE AUTHORITY CONST OF STUDENT RES Х Χ 52-1699886 46246ABC7 09-04-2008 23,480,000 Χ IOWA HIGHER EDUCATION REFUND PRIOR ISSUE 5-22-С ATH42-1235696 462460W69 06-14-2012 35,935,048 Х Χ Χ IOWA HIGHER EDUCATION 14,803,707 | SEE PART VI **D** ATH 42-1235696 462460W77 06-14-2012

| | | 12 1233030 | 1021001177 | 00 11 2012 | 11,003,707 | JEE I AR | • • | | | ^ | ^ | |
|-----|---------------------------------|--------------|------------|------------|------------|----------|------------|---------|-----|---|--------|------|
| Pai | t II Proceeds | | | • | | | | • | • | • | ' | |
| | | | | | Α | | В | С | | | D | |
| 1 | A mount of bonds retired | | | | 1,110,0 | 050 | 13,880,000 | | | | | |
| 2 | A mount of bonds legally defeas | sed | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | 2,105,5 | 537 | 23,580,724 | 35,924, | 901 | | 14,803 | ,763 |
| 4 | Gross proceeds in reserve fund | ds | | | | | | 2,842, | 846 | | 1,509 | ,556 |
| 5 | Capitalized interest from proce | eds | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | 27,4 | 186 | 221,753 | 569, | 420 | | 244 | ,207 |
| 8 | Credit enhancement from proce | eeds | | | | | 137,505 | | | | | |
| 9 | Working capital expenditures fi | rom proceeds | | | | | | | | | | |
| 10 | Capital expenditures from proc | eeds | | | 2,078,0 | 052 | 23,221,466 | | | | | |
| 11 | Other spent proceeds | | | | | | | 35,303, | 197 | | 13,050 | ,000 |
| 12 | O ther unspent proceeds | | | | | | | | | | | |
| 13 | Year of substantial completion | | | | | | <u> </u> | | | | | |

| 13 | Year of Substantial Completion | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | Х | | Х | Х | | Х | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | Х | | Х | | Х | | Х |
| 16 | Has the final allocation of proceeds been made? | Х | | Х | | Х | | Х | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | Х | | Х | | Х | | Х | |
| Par | Private Business Use | | | | | | | | |

| | | | Α | | В | С | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | Х | | х | | × | | Х |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

Part III Private Business Use (Continued)

| Pell | Private Business Use (Continued) | | | | | | | D | | | | |
|------|--|-----|----|-----|----|-----|----|-----|----|--|--|--|
| | | | A | E | 3 | | С | |) | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | | | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | х | | × | | × | | Х | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | Х | | Х | | Х | | Х | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | Х | | Х | | Х | | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | х | | х | | х | | х | | | |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | _ | | | | _ | | _ | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | Х | | × | | х | | | | |
| D | TTV Aubituage | | | | | | | | | | | |

Part IV Arbitrage

| | | | | | | | | <u> </u> | | | |
|----|--|-----|----|-----|----|-----|----|----------|----|--|--|
| | | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 1 | Has the issuer filed Form 8038-T? | | Х | | Х | Х | | Х | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | _ | | | | | |
| а | Rebate not due yet? | | Х | | Х | | | | | | |
| b | Exception to rebate? | Х | | | X | | | | | | |
| С | No rebate due? | Х | | 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? | | | | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X | | |
| b | Name of provider | | | | | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | | | |
| | Schedule K (Form 990) 2013 | | | | | | | | | | |

| Part IV | Arbitrage | (Continued) |
|---------|-----------|-------------|
|---------|-----------|-------------|

| | | Α | | В | | С | | D | |
|----|---|-----|----|-----|--------|---|--------|---|----|
| | | Yes | No | Yes | Yes No | | Yes No | | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | x | | x | | × | | X |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | x | | x | | x | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | Х | | X | | X | | × | |

Part V Procedures To Undertake Corrective Action

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?

| Α | | В | | С | | D | | |
|-----|----|-----|----|-----|----|-----|----|--|
| Yes | No | Yes | No | Yes | No | Yes | No | |
| х | | х | | х | | х | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|---|
| Part VI | Schedule K, Part IV, Arbitrage, Line 2c (a) Issuer Name City of Pella Date the Rebate Computation was Performed 12/29/2006(a) Issuer Name Iowa Finance Authority Date the Rebate Computation was Performed 08/31/2013Part IV, Line 2c, column A - Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculations are necessary Part I, Line A, column (f) - Construct Instructional Building, Remodel Dormitory, OtherPart I, Line D, column (f) - Partial refund prior issue (09/07/08)Part II, Line 3, columns A & B - The total proceeds do not agree to the issue price in Part I, column (e) due to investment earnings/loss Part II, Line 3, column C - The total proceeds do not equal the summation of lines 4-12 due to transferred or replacement proceeds in line 4. |

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DLN: 93493120004205

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Central College

Name of the organization

► 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.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

| | | | | | | | | | 80344 | | | | |
|-----------------------|--------------------------------------|----------------|-------------------------------|--------------------------------------|--|------------------------|---------------|--------|------------------|----------|-------------------------------|------------|--|
| | | | | | 3) and section | | | | | | . 401 | | |
| | olete if the org e of disqualifie | | | <u>" on Form 99</u> Iship between | 0, Part IV, line | 25a or 25b, (c) Des | | | | | <u>40b</u> (d) Cor | rected | |
| 1 (a) Name | e or uisquaiiiie | eu person | | on and organiz | | (C) Des | CHPCION | ortia | iisactio | '' - | Yes | No | |
| | | | · · | | | | | | | | 103 | 110 | |
| | | | | | | | | | | | | = | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| | | | | | | | | | | | | _ | |
| 2 Enterthe a | mount of tax | incurred by | organization | managers or | disqualified per | sons durina | the vea | r unde | rsectio | n | | | |
| 4958 | | | | _ | | _ | | | > \$ | ·· | | | |
| 3 Enterthe a | mount of tax, | ıf any, on lıı | ne 2, above, | reimbursed by | the organizati | on | | | F \$ | | | | |
| | | | | | | | | | | | | | |
| | ans to and | - | | | | | | | | | | | |
| | | | | | 990-EZ, Part V | | Form 9 | 90, Pa | art IV , I | ıne 26, | or if the | | |
| (a) Name of | (b) | (c) | (d) Loan | | 990, Part X, line 5, 6, or 22 to (e) Original (| (f) Balance | (g) In | | (h) | | (i)Wr | (i)Written | |
| interested | Relationship | | 1 ` ' | | principal | due | | | | ved | 1 | agreement? | |
| person | with | loan | organization? | | amount | | | | | by | | | |
| | organızatıor | ו ו | | | | | | | | ard | | | |
| | | | | | | | | | or committee? | | | | |
| | | | То | From | 1 | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | _ | | |
| otal | | ▶ \$ | | | | | | | | | | | |
| Part IIII Gra | ints or Ass | istance B | Benefitting | Intereste | d Persons. | | | | | | | | |
| | | | | | Form 990, Pa | | | | - T. | | | _ | |
| (a) Name of in persor | | | ship between erson and the | 1 ' ' | (c) Amount of assistance | | e of ass | ıstanc | e (e | e) Purpo | se of as: | sıstanc | |
| persor | ' ' | - | ization | - | | | | | | | | | |
| 1) | | | | | 30,70 | 0 NONCAS | 1 | | ти | ITION | BENEFI | T | |
| · | | | | | • | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Part IV Business Transactions Involving Interested Persons. | | | | | |
|---|--|-------------------------------|--------------------------------|-----------------------------------|---------------|
| Complete if the organization | <u>n answered "Yes" on F</u> | <u>Form 990, Part IV, lın</u> | e 28a, 28b, or 28c. | | |
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh of organiz reveni | : zatıon's |
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493120004205

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

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

Noncash Contributions

Inspection

Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Central College

42-0680344 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 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 **7** Boats and planes 8 Intellectual property . . . Securities—Publicly traded . 12 427,500 STOCK EXCHANGE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 25 Other ▶ (4,999 FAIR VALUE IN-KIND) **26** Other ▶ (5,975 FAIR VALUE IN-KIND) **27** Other ▶(__ **28** Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

| Supplemental Information. 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, | | | | | | |
| number of items received, or a combination of both. Also complete this part for any additional information | | | | | | |
| eturn Reference | Explanation | | | | | |

Return Reference Explanation

Part I, Line 32, Hire and Use of Third DONORS TRANSFER SECURITIES TO CENTRAL'S BROKERAGE ACCOUNT SECURITIES ARE SOLD IMMEDIATELY PER BOARD POLICY AND FUNDS ARE DEPOSITED INTO OUR CHECKING ACCOUNT AT US BANK

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120004205

Explanation

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| Central College | |
| | 42-0680344 |
| · | |

990 Schedule O, Supplemental Information

Return Reference

| 1101011110 | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 |
| Form 990, Part VI, Line 11b Form 990 Review Process | FORM 990 IS REVIEWED BY GOVERNANCE BOARD OF THE COLLEGE BEFORE FILING |
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | CONFLICT OF INTEREST DOCUMENT IS COMPLETED EACH YEAR AND MONITORED BY THE TREASURER'S OFFICE |
| Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES COMPENSATION COMMITTE E. SALARIES OF KEY EMPLOYEES AND OFFICERS ARE APPROVED BY DIRECT REPORTS ALL SALARIES ARE MONITORED BY THE BUSINESS OFFICE MONTHLY |
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | AVAILABLE UPON REQUEST |
| FORM 990, PART V, LINE 4B | NAMES OF ADDITIONAL FOREIGN COUNTRIES SPAIN, FRANCE, AUSTRIA, NETHERLANDS, MEXICO |
| FORM 990, PART XI, LINE 5, OTHER CHANGES IN NET ASSETS OR FUND BALANCE | NET REALIZED GAIN \$2,321,498 ON INVESTMENTS |
| SCHEDULE K, PART I, LINE A, COLUMN F | CONSTRUCT INSTRUCTIONAL BUILDING, REMODEL DORMITORY, OTHER |
| SCHEDULE K, PART I, LINE D, COLUMN (F) | PARTIAL REFUND PRIOR ISSUE (09/04/08) |
| SCHEDULEK, PART II, LINE 3 | THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINES 4-12 DUE TO TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4 |
| SCHEDULE K, PART II, LINE 3, COLUMNS A &B | THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (e) DUE TO INVESTMENT EARNINGS |