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DLN: 93493021001195

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

| | | 2013 ca applicable | C Name of organization | g 07-01-2013 , 2013, and ending 06- | 30-2014 | D Employ | er ider | ntification number | | |
|--------------------------------|---|------------------------------|---|---|--------------|--|----------------|----------------------------------|--|--|
| ┌ Add | lress c | hange | | | | 61-044 | 14671 | | | |
| | me cha | | Doing Business As | | | | | | | |
| | ial retu minate | | E Telephor | | | | | | | |
| _ | | return n pending | Danville, KY 40422 | ntry, and ZIP or foreign postal code | | (859) 2 | | | | |
| , ,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | penamg | F Name and address of pri | ncinal officer | 11/-> 1 | | | 108,604,530 | | |
| | | | DR JOHN A ROUSH 600 West Walnut Street Danville, KY 40422 | ncipal officer | | this a group i pordinates? | eturn | Γ Yes Γ No | | |
| I Ta | x-exer | npt status | , | (Insert no) | inc | e all subordin luded? 'No," attach a | | │ Yes │ No (see instructions) | | |
| J W | ebsit | e: ► W\ | WW CENTRE EDU | | H(c) Gr | oup exemption | on nun | nber ► | | |
| K For | n of or | rganızatıor | Corporation Trust Association | on Other ► | 1 | formation 181 | | State of legal domicile KY | | |
| Pa | rt I | Sun | nmary | | | | | - | | |
| Governance | | CENTR | | on or most significant activities NAL COMMUNITY DEDICATED TO S DNAL, AND MORAL POTENTIAL OF I | | | ARTS / | AS A MEANS TO | | |
| X05 | 2 | Check t | his box দ if the organization d | scontinued its operations or disposed | of more thar | n 25% of its i | net as | sets | | |
| Activities & | 3 | Number | of voting members of the goverr | ning body (Part VI, line 1a) | | | 3 | 37 | | |
| Ħ. | l | | | of the governing body (Part VI, line 1t | | | 4 | 34 | | |
| Ę | l | | · | calendar year 2013 (Part V, line 2a) necessary) | | } | 5 6 | 1,430 | | |
| • | l | | • | Part VIII, column (C), line 12 | | ::: h | 7a | 0 | | |
| | | | | from Form 990-T, line 34 | | | 7b | -13,090 | | |
| | | | | | P | rior Year | | Current Year | | |
| a, | 8 | | - , | ne 1h) | | 18,621,6 | _ | 23,844,709 | | |
| Rayente | 9 | | | ıne 2g) | | 59,759,6 | | 62,660,586 | | |
| ž. | 10 | | | n (A), lines 3, 4, and 7d) | · | 10,318,3 | _ | 12,706,850 | | |
| | 11 12 | | | , lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A), lir | ne 一 — | 473,1 | 29 | 314,993 | | |
| | 12 | | | · · · · · · · · · · · · · · · · · · · | | 89,172,7 | 81 | 99,527,138 | | |
| | 13 | | | IX, column (A), lines 1-3) | | 23,399,2 | 74 | 24,691,721 | | |
| | 14 | | | IX, column (A), line 4) | • | | 0 | 0 | | |
| 83 | 15 | Salar 5–10 | ies, other compensation, employ) | | 25,674,9 | 76 | 25,924,434 | | | |
| Expenses | 16a | | , ssional fundraising fees (Part IX | | | 0 | 0 | | | |
| Ř | ь | Total f | undraising expenses (Part IX, column (E | 9), line 25) ▶ 1,789,094 | | | | | | |
| | 17 | Other | expenses (Part IX, column (A), | lines 11a-11d, 11f-24e) | | | | | | |
| | 18 | | • | st equal Part IX, column (A), line 25) | | 82,365,8 | | 83,008,334 | | |
| | 19 | Revei | nue less expenses Subtract line | 18 from line 12 | | 6,806,9 | _ | 16,518,804 | | |
| Net Assets or Fand Balances | | | | | Beginn | ing of Curren Year | ١ | End of Year | | |
| esse Bake | 20 | Total | assets (Part X, line 16) | | | 377,275,7 | 22 | 421,280,009 | | |
| A PE | 21 | | | | | 99,032,3 | 89 | 99,442,154 | | |
| | 22 | | | line 21 from line 20 | | 278,243,3 | 33 | 321,837,855 | | |
| | rt II | _ | nature Block | | | | | | | |
| my k | nowle | dge and | | amined this return, including accompa nplete Declaration of preparer (other t | | | | | | |
| | | *** | | | | 2015-01-13 | | | | |
| Sign | | 1. | ature of officer | | | Date | | | | |
| Here | e | Тур | BERT L KEASLER VP FINANCE, TREASUR e or print name and title | | | | | | | |
| | | | Print/Type preparer's name Rachel Spurlock | Preparer's signature | | JIECKI II I | PTIN P00520 | 729 | | |
| Paid | | | Firm's name FCROWE HORWATH LL | p | | irm's EIN 🟲 | | | | |
| Pre | • | | Firm's address ► 9600 BROWNSBORO R | OAD. | n | hone no (502) | 326-30 | 996 | | |
| US6 | On | iiy | SUITE 400 LOUISVILLE, KY 4024 | | [| 110 (302) | J20-J3 | | | |

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

✓ Yes ☐ No

| Pa | rt III | Statement of Program S Check if Schedule O contains a | | | ш | |
|------------|----------------------|---|--|--|--|---|
| 1 | Brief | ly describe the organization's mis | sion | | | |
| _IBI | ERALA | | | | COMMUNITY DEDICATED TO MORAL POTENTIAL OF ITS ST | |
| | | | | | | |
| | | | | | | |
| 2 | the pr | ne organization undertake any sig rior Form 990 or 990-EZ? | | | | ┌ Yes ┌ No |
| | | es," describe these new services | | | | |
| 3 | servi | ne organization cease conducting | | _ | nducts, any program | ┌ Yes ┌ No |
| | If "Ye | es," describe these changes on S | chedule O | | | |
| 4 | exper | | (c)(4) organizations | are required to report | ree largest program services, as i the amount of grants and allocat | |
| 4a | (Code | e) (Expenses \$ | 67,756,055 | including grants of \$ | 24,691,721) (Revenue \$ | 62,888,449) |
| | POST GRAD ONCE | -SECONDARY UNDERGRADUATE EDUCAT DUATE IN FOUR YEARS TO DEVELOP A G | ION TO ITS STUDENTS LOBAL PERSPECTIVE ABO GRADUATION RATES, EN | WE GUARANTEE THE OPPO UT 85 PERCENT OF OUR S IGAGED PROFESSORS, AN | D PRIVATE LIBERAL ARTS COLLEGE, IS TO DRTUNITY TO STUDY ABROAD, TO HAVE A STUDENTS STUDY ABROAD, WITH CENTR D REAL-WORLD PREPARATION FOR CARI | AN INTERNSHIP, AND TO E PROFESSORS, AT LEAST |
| 4b | (Code | e) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| 40 | (Cour |) (Expenses \$ | | including grants or \$ |) (Nevenue \$ | , |
| | | | | | | |
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| | - | | | | | |
| 4 c | (Code | e) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
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| 11.11 | O+1. | ar program commerce /D | Cabadula O \ | | | |
| 4d | | er program services (Describe in penses \$ | including grants of | \$ |) (Revenue \$ |) |
| 4e | | Il program service expenses 🕨 | 67,756,055 | т | , | , |
| ~ | . 51.0 | Program pervice exhemses P | 57,750,055 | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, 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 | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 | Yes | |
| 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 1^7 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 | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</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 | | 1 | 1 |
| | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 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? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|----|---|----------|---------|--------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1,767 | | 163 | 140 |
| | 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 | |
| 3 | 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 | | | |
|) | 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 | |
| | | | V | |
| | 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 | Yes | |
| 1 | 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 | |
|) | If "Yes," enter the name of the foreign country ▶FR , UK | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N o |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | N |
| | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ı | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | N |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | 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? | | | |
| | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | |
| | Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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 | | |
|) | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

| Se | ection A. Governing Body and Management | | | |
|---|--|--|-----------------------------|--------------------------|
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| | | | | $\overline{}$ |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | <i>ye Cod</i> | <i>e.</i>) No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | • |
| 10a | | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes Yes | No No |

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Scott Owens 600 West Walnut Street
 Danville, KY 40422 (859) 238-5457

| Form 990 | (2013 | |
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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 VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) (B) Name and Title Average | | | tıon (| (C) (do r | ot c | heck | | (D) Reportable | | (E) Reportable | | (F) Estima | |
|----|--|---|-----------------------------------|-----------------------|---------------------|--------------|------------------------------|-----------|----------------------------|----------------------------|--|----------|----------------------------------|--------------|
| | | hours per week (list any hours | | n is | both | an c | unless officer stee) | | comper from organiza | nsation the tion (W- | compensation from related organizations (W | /- | amount o compens from t | ation :he |
| | | for related organizations below dotted line) | Individual trustie or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC |) c | organizati relati organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | + | | |
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| | | | | | | | | | | | | | | _ |
| 1b | Sub-Total | | | • | | | | + | | | | | | |
| С | Total from continuation sheet | s to Part VII, S | ection A | ١. | • | • | • | • | | 1,471,913 | | 0 | | 202.072 |
| 2 | Total (add lines 1b and 1c). Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) w | ho receive | | | <u> </u> | | 203,072 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fc on line 1a? <i>If "Yes," complete S</i> | | | | tee, | key • | emplo | yee, • | or highes | t compen | sated employee | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | 4 | Yes | | | | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | anızatıon • • • | or individual for | 5 | | No |
| Se | ection B. Independent Co | ntractors | | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organization | e highest comp | | | | | | | | | | | tax vear | |
| | | (A) ame and business | | 2011 | .51 | | arciiu | ., ye | ar chang | | (B) cription of services | | (C Compe | ;) |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-------------------------------|----------------------------|
| SODEXO INC AFFILIATES PO BOX 70060 CHICAGO IL 60673 | FOOD SERVICE | 3,390,217 |
| MCCOY CONSTRUCTION CO INC 101 THOROUGHBRED DR DANVILLE KY 40422 | CONTRACTOR | 697,960 |
| BAIN CAPITAL 200 CLARENDON STREET FL 41 BOSTON MA 021165016 | INVESTMENT MANAGEMENT | 444,460 |
| RICOH USA INC PO BOX 534777 ATLANTA GA 30353 | PRINTING CENTER & SOLUTIONS | 341,201 |
| EBSCO PO BOX 830625 BIRMINGHAM AL 35283 | LIBRARY SUBSCRIPTION SERVICES | 244,825 |

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 ►10

| s s | 1a |
|---|----------------------------|
| rant oun1 | b |
| s, Gi Ami | С |
| Gifts ilar | d |
| ns, Sim | b c d e f g |
| utio ner ! | f |
| rtrib Ott | g |
| Contributions, Gifts, Grants and Other Similar Amounts | h |
| | 2- |
| Program Serwce Revenue | 2a b c d e f 3 |
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| Form 99 | | · · | | | | | | Page 9 |
|---|--------|---|--|---------------------------------------|-----------------------------|--|---|--|
| Part V | 4111 | Statement o Check if Schedu | f Revenue ule O contains a respons | se or note to any lu | ne in this Part VIII | | | |
| | | | · | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| <u>ω 2</u> 2 | 1a | Federated cam | paigns 1a | | | | | |
| Grants mounts | ь | Membership du | es 1b | | | | | |
| ē, Gr | С | Fundraising eve | ents 1c | | | | | |
| Giffs, iilar A | d | Related organiz | zations 1d | | | | | |
| B.E | e | Government grants | s (contributions) 1e | 244,244 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f ot included above | 23,600,465 | | | | |
| ntribu 4 Oth | g | Noncash contribute 1a-1f \$ | ons included in lines | 1,511,580 | | • | | |
| G G | h | Total. Add lines | s 1a-1f | ▶ | 23,844,709 | | | |
| <u> </u> | | | | Business Code | | | | |
| ren | 2a | COMPREHENSIVE I | EE | 611710 | 61,691,017 | 61,691,017 | | |
| æ | Ь | AUXILIARY SERVIC | ES | 611710 | 969,569 | 969,569 | | |
| MCe | С | | | | 0 | | | |
| Š | d | | | | 0 | | | |
| Tan. | e f | All other progra | am service revenue | | 0 | 0 | 0 | 0 |
| Program Serwoe Revenue | • | - | | | ŭ , | U | 0 | 0 |
| | g 3 | | s 2a-2f | | 62,660,586 | | | |
| | | and other simils | aramounts) | 🟲 | 2,986,605 | | | 2,986,605 |
| | 4 | | tment of tax-exempt bond p | roceeds 🕨 | 0 | | | |
| | 5 | Royalties | (ı) Real | (II) Personal | U | | | |
| | 6a | Gross rents | (I) Real | (II) Personal | | | | |
| | ь | Less rental | | | | | | |
| | С | expenses Rental income | 0 | 0 | | | | |
| | d | or (loss) Net rental inco | Me or (loss) | | o | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 18,736,159 | 61,478 | | | | |
| | ь | Less cost or other basis and | 9,059,506 | 17,886 | | | | |
| | | sales expenses | | 43,592 | | | | |
| | c d | Gain or (loss) | 9,676,653 | | 9,720,245 | | | 9,720,245 |
| đu. | 8a | Gross income f | rom fundraising | · · · · · · · · · · · · · · · · · · · | , , | | | , , |
| Other Revenue | | \$ | reported on line 1c) | | | | | |
| <u>.</u> | | | a . | | | | | |
| 뜑 | b c | | penses b (loss) from fundraising e | vents | 0 | | | |
| • | | | rom gaming activities | vents p- | | | | |
| | | | a | | | | | |
| | b c | | penses b (loss) from gaming activ | utios | 0 | | | |
| | | Gross sales of returns and allo | inventory, less | ities | <u> </u> | | | |
| | | and and | a | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inve | | 0 | | | |
| | 44- | Miscellaneous | | Business Code 900099 | 227 863 | 227 862 | | |
| | 11a | MISCELLANEC | | 900099 | 227,863 87,130 | 227,863 | | 87,130 |
| | Ь | FITNESS CENT | IEK | 900099 | 87,130 | | | 07,130 |
| | C d | All other reven | ue . | | 0 | 0 | 0 | 0 |
| | e | Total. Add lines | | 🕨 | - | | | |
| | 12 | | See Instructions | | 314,993 | | | |
| | ~~ | iotai ievenue. | | 📂 | 99,527,138 | 62,888,449 | 0 | 12,793,980 |

Part IX Statement of Functional Expenses

| | section 501(c)(3) and 501(c)(4) o | rganizations must complete all columns | All other organizations must complete column (A | () |
|--|-----------------------------------|--|---|----|
|--|-----------------------------------|--|---|----|

| | Check if Schedule O contains a response or note to any line in this | Part IX | | | <u> Г</u> |
|----|---|-----------------------|---|---|---------------------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 23,241,203 | 23,241,203 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 1,450,518 | 1,450,518 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,107,190 | 177,416 | 653,556 | 276,218 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 95,922 | 95,922 | | |
| 7 | Other salaries and wages | 19,135,279 | 14,579,148 | 3,845,242 | 710,889 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 1,607,949 | 1,214,279 | 312,860 | 80,810 |
| 9 | Other employee benefits | 2,567,018 | 1,973,157 | 482,944 | 110,917 |
| 10 | Payroll taxes | 1,411,076 | 1,030,416 | 301,623 | 79,037 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 401,399 | | 401,399 | |
| C | Accounting | 117,943 | | 117,943 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 1,221,458 | | 1,221,458 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,267,355 | 3,267,355 | 0 | 0 |
| 12 | Advertising and promotion | 269,615 | 39,444 | 230,171 | |
| 13 | Office expenses | 956,334 | 692,860 | 212,447 | 51,027 |
| 14 | Information technology | 136,261 | 82,897 | 25,825 | 27,539 |
| 15 | Royalties | 0 | 02,037 | 23,023 | 27,333 |
| 16 | Occupancy | 2,777,160 | 1,092,836 | 1,584,324 | 100,000 |
| 17 | Travel | 1,670,139 | 1,497,526 | | 84,288 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 2,131,620 | 33,323 | 0.,200 |
| 19 | Conferences, conventions, and meetings | 43,217 | 7,132 | 36,085 | |
| 20 | Interest | 3,461,327 | 3,461,327 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 5,615,142 | 5,287,267 | 327,875 | |
| 23 | Insurance | 479,941 | | 479,941 | |
| 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) | | | | |
| а | LIBRARY OPERATIONS | 1,189,215 | 1,189,215 | | |
| b | FOREIGN STUDIES PROGRAMS | 1,947,662 | 1,947,662 | | |
| c | NORTON ARTS CENTER PROGRAMS | 1,160,437 | 1,160,437 | | |
| d | PLANNED PROJECT COSTS | 1,122,779 | 1,122,779 | | |
| e | All other expenses | 6,554,795 | 3,145,259 | 3,141,167 | 268,369 |
| 25 | Total functional expenses. Add lines 1 through 24e | 83,008,334 | 67,756,055 | 13,463,185 | 1,789,094 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part | :X | | • | · · · · · · · · · · · · · · · · · · · |
|---------------|-----|--|---------------|-------------------------|-----|--|
| | | | Вє | (A) eginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 39,423 | 1 | 45,522 |
| | 2 | Savings and temporary cash investments | | 18,117,730 | 2 | 23,616,600 |
| | 3 | Pledges and grants receivable, net | · | 22,482,839 | 3 | 32,631,562 |
| | 4 | Accounts receivable, net | . <u> </u> | 314,674 | 4 | 302,948 |
| | 5 | Loans and other receivables from current and former officers, directors employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| ŧ | 6 | Loans and other receivables from other disqualified persons (as defined 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute and sponsoring organizations of section 501(c)(9) voluntary employee organizations (see instructions) Complete Part II of Schedule L | ing employers | 0 | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | | 997,942 | 7 | 918,096 |
| 4 | 8 | Inventories for sale or use | | 224,146 | 8 | 191,788 |
| | 9 | Prepaid expenses and deferred charges | _ | 1,359,088 | 9 | 1,119,400 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 183,004,750 | 1,000,000 | | 1,110,100 |
| | b | Less accumulated depreciation | 75,161,733 | 109,198,040 | 10c | 107,843,017 |
| | 11 | Investments—publicly traded securities | | 54,330,412 | 11 | 67,141,235 |
| | 12 | Investments—other securities See Part IV, line 11 | | 143,595,772 | 12 | 157,761,167 |
| | 13 | Investments—program-related See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | . – | 0 | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 26,615,656 | 15 | 29,708,674 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 377,275,722 | 16 | 421,280,009 |
| | 17 | Accounts payable and accrued expenses | | 5,682,845 | 17 | 6,307,292 |
| | 18 | Grants payable | | 0 | 18 | <u>, , , </u> |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 76,561,483 | 20 | 76,269,484 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 0 | 21 | , , |
| <u>, å</u> | 22 | Loans and other payables to current and former officers, directors, trus key employees, highest compensated employees, and disqualified | | | | |
| Liabilit | | persons Complete Part II of Schedule L | | 0 | 22 | 0 |
| 当 | 23 | Secured mortgages and notes payable to unrelated third parties | | 8,131,341 | 23 | 7,679,600 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24) Complete Part X of S | | | | |
| | | D | | 8,656,720 | 25 | 9,185,778 |
| \rightarrow | 26 | Total liabilities. Add lines 17 through 25 | | 99,032,389 | 26 | 99,442,154 |
| Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and or lines 27 through 29, and lines 33 and 34. | omplete | | | |
| lan | 27 | Unrestricted net assets | | 109,197,498 | 27 | 121,937,408 |
| <u>ස</u> | 28 | Temporarily restricted net assets | | 30,222,224 | 28 | 51,459,164 |
| 됩니 | 29 | Permanently restricted net assets | | 138,823,611 | 29 | 148,441,283 |
| r Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here ► Complete lines 30 through 34. | and | | | |
| ا ري ا | 30 | Capital stock or trust principal, or current funds | | 0 | 30 | |
| Assets or | 31 | Paid-in or capital surplus, or land, building or equipment fund | 🗀 | 0 | 31 | |
| A. | 32 | Retained earnings, endowment, accumulated income, or other funds | | 0 | 32 | |
| ا بر | 33 | Total net assets or fund balances | | 278,243,333 | 33 | 321,837,855 |
| Net : | 33 | | • | | | |

| 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 | | 99,5 | 27,138 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 83,0 | 008,334 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 16.5 | 518,804 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 243,333 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 746,368 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -6 | 570,650 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 321,8 | 337,855 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | 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 separate basis, 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 oversigh 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? | <u></u> | 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: 13000248 **Software Version:** 2013v3.1 **EIN:** 61-0444671

Name: CENTRE COLLEGE

| Form 990, Part VII - Compensation Compensated Employees, and Inde | | | | Tru | ste | es, k | (ey | Employees, Higl | nest | |
|--|--|------------------------------------|---|----------------------|------------------------|---------------------------------|--------|---|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related | Posit more th perso and a | ion (dinan o nan o n is b dire | ne b oth ctor/ | ox, u an of trus | inless fficer 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 | 2/1099-1413C) | 2/1099-1413C) | related organizations |
| JAMES D ROUSE | 1 00 | х | | х | | | | 0 | 0 | 0 |
| BOARD SECRETARY MARK E NUNNELLY | 1 00 | | | , | | | | | | |
| BOARD VICE CHAIRMAN RANDAL B KELL | 1.00 | × | | Х | | | | 0 | 0 | 0 |
| BOARD CHAIRMAN | 1 00 | × | | х | | | | 0 | 0 | О |
| ANGIE MCDONALD-HACKETT | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE ANITA M BRITTON | 1 00 | | | | | | | | | |
| TRUSTEE BARB EMLER | 1 00 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE | 1 00 | × | | | | | | 0 | o | О |
| CRIT LUALLEN | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE DARYLL W MARTIN | 1 00 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE EDDY ROBERTS JR | 1 00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0 | 0 | 0 |
| ELIZABETH T KENNAN | 1 00 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE G WATTS HUMPHREY | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE GEORGE W PRIVETT JR | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE GREG W CAUDILL | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE J DAVID GRISSOM | 1 00 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE JAMES A SMITH | 1 00 | x | | | | | | 0 | 0 | 0 |
| TRUSTEE JAMES C SEABURY III | 1 00 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE JAMES H EVANS | 1 00 | | | | | | | | | |
| TRUSTEE JAMES L ROGERS III | 1 00 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE JANE L STEVENSON | 1 00 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE JEFF MACKIN | 1 00 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| JOANNE K DUNCAN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| JOHN H NEWMAN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| JOHN R BARTON | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE KENNETH J MARDICK | 1 00 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE KEVIN D TAYLOR | 1 00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | 0 |

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

| Compensated Employees, and In | 1 | ntracto ' | | | | | | 1 | 1 | 1 1 |
|--|---|------------------------------------|--------------------------|------------|----------------|---------------------------------|--------|--|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Posit more th perso and a | ion (nan o n is b | ne booth a | ox, u an of | ınless fficer | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| LEA STROMIRE JOHNSON | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE MARY H GRIFFITH | 1 00 | x | | | | | | 0 | 0 | 0 |
| TRUSTEE (PARTIAL YEAR) NELSON D RODES JR | 1 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE PAUL W CHELLGREN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| PEGGY P PATTERSON TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| PIERCE LIVELY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| ROBERT L ELLIOTT TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| ROBERT T BROCKMAN TRUSTEE (PARTIAL YEAR) | 1 00 | х | | | | | | 0 | 0 | 0 |
| RUTHERFORD B CAMPBELL TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| SHEILA A BURKS TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| THOMAS H MEEKER TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| THOMAS R BAEKER TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| VICKI DARNELL TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| WILLIAM S BOWMER III TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| JOHN A ROUSH PRESIDENT | 50 00 | | | х | | | | 299,107 | 0 | 35,647 |
| RICHARD W TROLLINGER VP DEVELOPMENT | 50 00 | | | х | | | | 183,284 | 0 | 27,273 |
| ROBERT L KEASLER VP FINANCE, TREASURER | 50 00 | | | х | | | | 176,511 | 0 | 22,326 |
| STEPHANIE L FABRITIUS VP ACADEMIC, DEAN | 50 00 | | | х | | | | 164,225 | 0 | 22,721 |
| W RANDY HAYS VP STUDENT LIFE | 50 00 | | | х | | | | 104,344 | 0 | 16,333 |
| ASSOCIATE DEAN | 50 00 | | | | | х | | 105,266 | 0 | 16,072 |
| JAMES P LEAHEY COUNSEL | 50 00 | | | | | х | | 116,094 | 0 | 20,587 |
| DIRECTOR OF HUMAN RESOURCES | 50 00 | | | | | х | | 103,004 | 0 | 11,132 |
| MILTON M REIGELMAN PROFESSOR, SPECIAL ASST | 50 00 | | | | | х | | 106,926 | 0 | 11,239 |
| STEVEN A HOFFMAN DIRECTOR NORTON ARTS CTR | 50 00 | | | | | х | | 113,152 | 0 | 19,742 |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493021001195

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

Name of the organization CENTRE COLLEGE

Employer identification number

61-0444671

| Pa | rt I | Reas | on for Pu | blic Charity Sta | tus (All org | ganızatıons | must com | olete this p | art.) See ir | nstructions | | |
|--|---------------------------|-------------------|-----------------------------|---|---------------------------------------|--------------------------------|--|--------------------------------------|--|---------------------|-------------|---------------------------|
| he | organı | | | te foundation becaus | | | | | | | | |
| 1 | Γ | A chur | ch, conventi | on of churches, or as | ssociation of | churches d | escribed in s e | ection 170(b | o)(1)(A)(i). | | | |
| 2 | 굣 | A scho | ol described | d in section 170(b)(1 | .)(A)(ii). (At | tach Schedı | ule E) | | | | | |
| 3 | Γ | A hosp | ıtal or a coo | perative hospital se | rvice organiz | ation descr | ıbed ın sectio | n 170(b)(1) | (A)(iii). | | | |
| 4 | Г | A medi | cal research | h organization operat | ted ın conjun | ction with a | hospital desc | cribed in sec | tion 170(b)(| 1)(A)(iii). E | nter the | |
| | _ | | | ty, and state | | | | | | | | |
| 5 | ļ | _ | · · | erated for the benefi | _ | or universi | ty owned or o | perated by a | a government | al unit desc | rıbed ın | |
| | _ | | | A)(iv). (Complete P | | | | | | | | |
| 6 | <u> </u> | | | local government or | | | | | | | | |
| 7 | Г | _ | | at normally receives | | · · · | support from | a governme | ental unit or fi | om the gene | eral public | : |
| 8 | г | | | on 170(b)(1)(A)(vi). : described in sectior | | | nnlete Part II | 1 | | | | |
| 9 | , - | | • | at normally receives | | | • | • | uitions mem | harchin faac | and area | : c |
| • | , | | | rities related to its ex | | | | | | | | , 5 |
| | | | | oss investment inco | • | - | | | ` ' | | | |
| | | | | ganızatıon after June | | | | | | cax, nom ba | 511165565 | |
| 10 | Г | • | - | ganized and operated | • | | | • | • | | | |
| 11 | , T | | | ganized and operated | | | | | | o carry out t | he nurno | ses of |
| | , | one or the box | more publici that descri | ly supported organiz bes the type of supp b Type II c | ations descr or <u>ti</u> ng organ | ibed in secti ization and d | ion 509(a)(1) complete line |) or section s 11e th <u>ro</u> u | 509(a)(2) S gh 11h | ee section 5 | 09(a)(3). | Check |
| e | Γ | other tl | _ | ox, I certify that the on managers and otl | - | | • | | , , | • | | |
| f | | | | received a written de | etermination | from the IR | S that it is a | Type I, Type | e II, or Type | III supportı | ng organi | zatio <u>n,</u> |
| | | | this box | 2006 11 | | | | • | 6.11 | | | Г |
| g | | | august 17, 2 ng persons? | 2006, has the organi | zation accep | oteα any giπ | or contribution | on from any | ortne | | | |
| | | | | rectly or indirectly o | ontrols, eith | er alone or t | together with | persons des | scribed in (ii) | | Yes | No |
| | | and (III |) below, the | governing body of th | e supported | organization | n? | | | 11g | (i) | |
| | | (ii) A fa | amily memb | er of a person descri | bed in (i) abo | ove? | | | | 11g | (ii) | |
| | | (iii) A | 35% contro | lled entity of a perso | n described | ın (ı) or (ıı) a | above? | | | 11g(| (iii) | |
| h | | Provide | the following | ng information about | the supporte | ed organizat | ion(s) | | | | | <u> </u> |
| | | | | | | | | | | | | |
| | i) Nan suppo rganiz | rted | (ii) EIN | (iii) Type of organization (described on | (iv) Is to organization col (i) list | on in ted in | (v) Did you the organiz in col (i) o | zation fyour | (vi) Is a organization organization (i) organization (ii) organization (iii) organization (iii) organization (iiii) organization (iiiii) organization (iiii) organizat | ion in anized | mone | nount of etary port |
| lines 1 - 9 above your governing support? in the U S ? or IRC section document? (see | | | | | | | | | | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | • | | | I | | I | I | I | 1 | 1 | 1 | |

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 6,227,067 25,382,377 7,908,784 18,621,685 23,844,709 81,984,622 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 6,227,067 25,382,377 7,908,784 18,621,685 23,844,709 81,984,622 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 32,955,723 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 49,028,899 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 6,227,067 25,382,377 7,908,784 18,621,685 23,844,709 Amounts from line 4 81,984,622 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,408,955 3,835,693 2,735,555 2,609,111 2,986,605 15,575,919 and income from similar sources 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 78,088 101,436 92,804 80,352 87,130 439,810 capital assets (Explain in Part IV) 11 Total support (Add lines 7 98,000,351 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 50 020 % Public support percentage for 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 | | | | | | <u> </u> |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts 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 | 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 second of the secon | 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 **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 |
|--|---|
| | |
| Return Reference | Explanation |
| Schedule A, Part II, Line 10, Other Income | DESCRIPTION - FITNESS CENTER, COLUMN A - 78088, COLUMN B - 101436, COLUMN C - 92804, COLUMN D - 80352, COLUMN E - 87130, COLUMN F - 439810, |

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493021001195

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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)

Supplemental Financial Statements

Open to Public

| nal Revenue Service | nd its instructions is at <u>www.irs.gov/10111.</u> | <u>1990</u> . | | Inspection | m |
|---|---|---|----------------------|--------------|----------|
| ame of the organization ENTRE COLLEGE | | Emp | ployer ident if ica | tion number | |
| ENTRE COLLEGE | | 61- | 0444671 | | |
| | Donor Advised Funds or Other Si | imilar Funds | or Accounts. | Complete | ıf th |
| organization answered "Yes" t | i i | | (1) = 1 1 | | |
| Tatal assessment and of some | (a) Donor advised fu | nas | (b) Funds and o | tner account | s |
| 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 | | | | | |
| | Ld donor advisors in writing that the assets h | hald in danar adv | usad | | |
| funds are the organization's property, sul | bject to the organization's exclusive legal c | control? | | ☐ Yes ☐ | No |
| | donors, and donor advisors in writing that g t for the benefit of the donor or donor adviso | | | ┌ Yes ┌ | – No |
| rt II Conservation Easements. | Complete if the organization answere | d "Yes" to Forr | n 990, Part IV | , line 7. | |
| Preservation of land for public use (e Protection of natural habitat Preservation of open space | | ation of an histoi ation of a certifie | ed historic struct | ure | |
| easement on the last day of the tax year | • | | | | |
| | | | Held at the | End of the Y | ear |
| Total number of conservation easements | | 2a | | | |
| Total acreage restricted by conservation | | 2b | | | |
| | certified historic structure included in (a) | 2c | | | |
| Number of conservation easements inclu historic structure listed in the National R | ided in (c) acquired after 8/17/06, and not o egister | on a 2d | | | |
| Number of conservation easements mode the tax year • | ıfıed, transferred, released, extınguıshed, or | r terminated by t | he organization o | during | |
| Number of states where property subject | to conservation easement is located 🛌 | | | | |
| | cy regarding the periodic monitoring, inspe | | f violations, and | ┌ Yes ┌ | – No |
| Staff and volunteer hours devoted to mor | nitoring, inspecting, and enforcing conserva | tion easements | during the year | | |
| · | ng, inspecting, and enforcing conservation | easements durin | g the year | | |
| Does each conservation easement report and section 170(h)(4)(B)(ii)? | ted on line 2(d) above satisfy the requireme | ents of section 1 | 70(h)(4)(B)(ı) | ┌ Yes ┌ | _ No |
| | on reports conservation easements in its re the text of the footnote to the organization vation easements | | | | |
| t III Organizations Maintaining | Collections of Art, Historical Treanswered "Yes" to Form 990, Part IV, | | her Similar <i>I</i> | Assets. | |
| works of art, historical treasures, or othe | under SFAS 116 (ASC 958), not to report in resimilar assets held for public exhibition, ethe footnote to its financial statements tha | education, or rese | earch in furthera | | |
| If the organization elected, as permitted | under SFAS 116 (ASC 958), to report in its r similar assets held for public exhibition, e | s revenue staten | nent and balance | | |
| (i) Revenues included in Form 990, Part | VIII, line 1 | | ► \$ | | (|
| (ii) Assets included in Form 990, Part X | , | | | 663 | ,377 |
| If the organization received or held works | s of art, historical treasures, or other simila d under SFAS 116 (ASC 958) relating to th | | | | <u> </u> |
| Revenues included in Form 990, Part VII | · · · · · · · · | | . | | |
| | ii, nne i | | F > | | |
| Assets included in Form 990, Part X | | | ► \$ | | |

| Part | Organizations Maintaining Co | llections of Art | , His | <u>tori</u> | cal Tre | asures, or O | the | <u>r Similar As</u> | sets (conti | nued) |
|---------|--|-------------------------|---------|-----------------|-------------|-----------------------------------|-------------|------------------------------|---------------|-----------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recor | ds, ch | eck | any of the | e following that a | are a | significant use | of its | |
| а | Public exhibition | | d | Γ | Loan or | exchange progr | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIII | ollections and expla | ın hov | v the | y further t | the organization | 's ex | empt purpose i | n | |
| 5 | During the year, did the organization solicit | | | | | | | | | · |
| Do | assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang | | · | | | | | | | No |
| Pai | Part IV, line 9, or reported an air | | | | | | u i | es to rolling | 90, | |
| 1a | Is the organization an agent, trustee, custon included on Form 990, Part X? | | | | | | ets i | not | ┌ Yes ┌ | No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the | follow | /ıng t | able | _ | | | | |
| | | | | | | - | | An | nount | |
| C .ı | Beginning balance | | | | | F | 1c | | | |
| d | Additions during the year | | | | | F | 1d | | | |
| e f | Distributions during the year | | | | | - | 1e | | | |
| | Ending balance | 0.00 Deat V I | - 242 | | | L | 1f | | | |
| 2a | Did the organization include an amount on F | | | | | | | | │ Yes │ | No — |
| D | If "Yes," explain the arrangement in Part XI | | | | | | | | | <u> </u> |
| Pa | rt V Endowment Funds. Complete | (a)Current year | | were Prior y | | to Form 990, (c)Two years back | | | (e)Four years | back |
| 1a | Beginning of year balance | 231,243,960 | (2). | | 316,357 | 214,120,391 | | 176,142,486 | | 79,194 |
| b | Contributions | 5,820,759 | | 2, | 187,888 | 2,468,520 | | 6,960,309 | 4,8 | 58,754 |
| С | Net investment earnings, gains, and losses | 39,580,474 | | 31. | 785,282 | 554,365 | | 41,046,587 | 21.3 | 20,374 |
| d | Grants or scholarships | 4,191,749 | | | 920,656 | 4,677,418 | _ | 4,570,373 | - | 45,423 |
| e | Other expenditures for facilities and programs | 4,066,799 | | 5,0 | 089,145 | 4,116,292 | | 4,182,857 | 4,0 | 72,249 |
| f | Administrative expenses | 1,221,458 | | | 335,766 | 1,033,209 | | 1,275,761 | 9 | 98,164 |
| g | End of year balance | 267,165,187 | | 231, | 243,960 | 207,316,357 | | 214,120,391 | 176,1 | 42,486 |
| 2 | Provide the estimated percentage of the cur | • | ce (lın | e 1 g | , column (| (a)) held as | | | | |
| а | Board designated or quasi-endowment 🕨 | 36 630 % | | | | | | | | |
| b | Permanent endowment ► 55 490 % | | | | | | | | | |
| C | Temporarily restricted endowment > 7 8 The percentages in lines 2a, 2b, and 2c sho | 380 % uld equal 100% | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | atıon t | hat | are held a | nd administered | d for | the | | |
| | organization by (i) unrelated organizations | | | | | | | 3a(| | <u>lo</u> |
| | (ii) related organizations | | | . • | | | | 3a(| | lo |
| b | If "Yes" to 3a(II), are the related organization | | d on S | chec | lule R?. | | ٠. | 3I | | |
| 4 | Describe in Part XIII the intended uses of t | he organızatıon's en | dowm | ent f | unds | | | | | |
| Par | t VI Land, Buildings, and Equipme | | the o | rgan | ization a | answered 'Yes | ' to | Form 990, Pa | rt IV, line | |
| | 11a. See Form 990, Part X, line Description of property | 10. | | | Cost or oth | | | (c) Accumulated depreciation | (d) Book v | /alue |
| | Land | | | | | 11,948 | .388 | | 11 94 | 18,388 |
| | Buildings | | | | | 145,009 | | 54,249,302 | | 50,619 |
| | Leasehold improvements | | • | | | 213,003 | , | 5.,215,302 | 1 33,76 | 0 |
| | Equipment | | | | | 23,911 | ,094 | 20,912,431 | 2,99 | 98,663 |
| e | Other | <u> </u> | | | | 2,135 | ,347 | | 2,13 | 35,347 |
| | I. Add lines 1a through 1e <i>(Column (d) must o</i> | | | mn (| B), line 10 |)(c).) | | | 107,84 | 43,017 |
| | | | | | | | | Schedule D |) (Form 990) | 2013 |

| Part VII Investments—Other Securities. Com | plete if the organization a | answered 'Yes' to For | rm 990, Part IV, line 11b. |
|--|-----------------------------|--------------------------|------------------------------------|
| See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | (b)Book value | (c) Method of va | |
| (1) Financial derivatives | 0 | | market value |
| (2)Closely-held equity interests | 0 | | |
| (3)Other (A) PRIVATE EQUITY SECURITIES | 66,671,977 | F | |
| (B) SMALL CAP EQUITIES | 23,088,870 | F | |
| (C) ALTERNATIVE EQUITY STRATEGIES | 30,270,120 | | |
| | | | |
| (D) NOTES RECEIVABLE AND OTHER | 1,536,888 | | |
| (E) LARGE CAP EQUITIES | 36,193,312 | F | |
| | 157.761.167 | | |
| Part VIII Investments—Program Related. Con | <u> </u> | | orm 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of va | |
| (a) Description of investment | (b) Book value | Cost or end-of-year | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 1 | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | | Down IV I was 11 d. Cas. | Farm 000 Part V line 15 |
| Part IX Other Assets. Complete if the organization (a) Descrip | | , Part IV, line IId See | (b) Book value |
| (1) FUNDS HELD IN TRUST BY OTHERS | | | 29,631,496 |
| (2) OTHER RECEIVABLES | | | 77,178 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Part X Other Liabilities. Complete if the organ | | | 29,708,674 line 11e or 11f. See |
| Form 990, Part X, line 25. | (b) Book value | | |
| 1 (a) Description of Hability Federal income taxes | (b) Book value | | |
| FV ADJUSTMENT IN INTEREST RATE SWAPS | 7,632,550 | | |
| ANNUITY PAYMENT & LIFE INCOME OBLIGATIONS | 902,331 | | |
| ADVANCES FROM FEDERAL GOVT FOR STUDENT LOANS | 650,897 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 9,185,778 | | |

7

| Total revenue, quains, and other support per audited financial statements | | evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line 1 | | nts With Revenue | per Ret | urn Complete if |
|--|---|---|---|--|---|--|
| ## A functained gains on investments | | | | | 1 | 100,689,677 |
| Departed services and puse of facilities 22 | 2 A mounts included on line 1 bu | t not on Form 990, Part VIII, line 12 | | | | |
| Comparison Com | a Net unrealized gains on invest | ments | 2a | 27,746,368 | | |
| d Other (Describe in Part XIII) 2d | b Donated services and use of fa | acılıtıes | 2b | | | |
| A dolines 2a through 2d A mounts included on From 990, Part VIII, line 12, but not on line 1 A mounts included on From 990, Part VIII, line 7b A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A mounts included on Ine 1 but not on Form 990, Part IX, line 25 A mounts included on Ine 1 but not on Form 990, Part XIII, line 25 A mounts included on Ine 1 but not on Form 990, Part XIII, line 25 D Other (Describe in Part XIII) A dolines 4a and 4b D Other (Describe in Part XIII) A doline | c Recoveries of prior year grants | | 2c | | | |
| 3 Subtract line 2e from line 1 | d Other (Describe in Part XIII) | | 2d | C | | |
| 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 | e Add lines 2a through 2d . | | | | 2e | 27,746,368 |
| a Investment expenses not included on Form 990, Part VIII, line 7 b. b Other (Describe in Part XIII) | 3 Subtract line 2e from line 1 . | | | | 3 | 72,943,309 |
| to Charle (Describe in Part XIII) c Add lines 4a and 4b . c Add lines 4a and 4b . c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . 5 | 4 A mounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| Add lines 4a and 4b. 20,583,82 5 9,39,73,73 7 total revenue Add lines 3 and 4c. (This must equal form 990, Part I, line 12). 21, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | a Investment expenses not incl | uded on Form 990, Part VIII, line 7b . | 4a | 1,221,458 | | |
| \$ 79,527,13 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). | b Other (Describe in Part XIII) | | 4b | 25,362,371 | | |
| Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Ver's to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | c Add lines 4a and 4b | | | | 4c | 26,583,829 |
| If the organization answered 'Yes' to Form 990, Part IV, line 128. 1 Total expenses and loss esper audited financial statements | | | - | | 1 - 1 | 99,527,138 |
| 1 Total expenses and losses per audited financial statements | | | | | s per R | eturn. Complete |
| 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | | | | | 1 | 57,095,155 |
| a Donated services and use of facilities | | | | | | |
| c Other (Describe in Part XIII) . 2d 0 0 d Other (Describe in Part XIII) . 2d 0 0 3 Subtract line 2e from line 1 | | · | 2a | 1 | | |
| c Other (Describe in Part XIII) . 2d 0 0 d Other (Describe in Part XIII) . 2d 0 0 3 Subtract line 2e from line 1 | | | _ | | 7 | |
| d Other (Describe in Part XIII) | , - | | _ | | 7 | |
| a Jutract line 2e from line 1 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3and 4c. (This must equal Form 990, Part III, line 18) b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3and 4c. (This must equal Form 990, Part III, line 18) b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3and 4c. (This must equal Form 990, Part III, lines 18) b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3and 4c. (This must equal Form 990, Part III, lines 18) b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines | | | | | , | |
| Subtract line 2e from line 1 | , | | | | Ĭ | 0 |
| A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b | - | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | 37,033,133 |
| to Add lines 4a and 4b | | | 4a | 1 221 45 | 8 | |
| total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) Total expenses Add lines 3 and 4c. (This must equal Form 990 per part III, lines 2 d and 4b.) Total expenses Add lines 3 and 4c. (This must equal Form 990 per part III, lines 2 d and 4b.) Total expenses Add lines 3 and 4c. (This must equal Form 990 per part III, lines 2 d and 4b.) Total expenses Add lines 3 and 4c. (This must equal Form 990 per part III, lines 2 d and 4b.) Total expenses Add lines 3 and 4c. (This must equal Form 990 per part III, lines 2 d and 4b.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses Add lines 3 and 4c. (This must equal Form 990 not in audited 4c.) Total expenses in form 990 not in audited 4c. (This must equal Form 990 not in audited 4c.) Total expenses in form 990 not in audited 4c. (This must equal Form 990 not in audited 4c.) Total expenses in form 990 not in audited 4c. (This must equal Form 990 not in audited 4c.) Total expenses in form 990 not in audited 4c. (This must e | · | | | | - | |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 40 | 24,031,72 | - | 25 012 170 |
| Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 1 band 2b, Part VI, line 4, Part X, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference | | | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference | | | | | | , , |
| COLLECTIONS INCLUDE PAINTINGS, GLASS AND SCULPTURE THE ART COLLECTION EXIST PRIMARILY TO HELP FULFILL THE LIBERAL ARTS EDUCATION MISSION OF THE COLLEGE MANY, BUT NOT ALL, PIECES ARE DISPLAYED THROUGHOUT CAMPUS FOR VIEWING BY THE CAMPUS COMMUNITY AND VISITORS CENTRE'S ENDOWMENT IS USED EXCLUSIVELY TO PARTIALLY FUND THE MISSION OF THE COLLEGE, INCLUDING, BUT NOT LIMITED TO, STUDENT SCHOLARSHIP, OPERATIONS AND DEBT RETIREMENT THE COLLEGE OPERATES AS A NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, THE COLLEGE FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN TAX POSITIONS A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT WILL BE RECORDED THE COLLEGE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND PENALTIES AS OF JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED MANAGEMENT DOES NOT EXPECT THE TOTAL AMOUNT AND POSITIONS IDENTIFIED MANAGEMENT DOES NOT EXPECT THE TOTAL AMOUNT FOR UNCERTAIN TAX POSITIONS IDENTIFIED TO CHANGE SIGNIFICANTLY IN THE NEXT 12 MONTHS FORMS 990 AND 990-T FILED BY THE COLLEGE ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN MANAGEMENT BELIEVES FORMS 990 AND 990-T FILED BY THE COLLEGE ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR FINANCIAL AID AND SCHOLARSHIPS - 24691721, ACTUARIAL LIABILITY FOR ANNUITY OBLIGATIONS - 222814, VALUATION CHANGE IN INTEREST RATE SWAPS - 447836, INTERPEST ROTE S | ınformatıon | , | d 4b A | lso complete this part t | o provide | any additional |
| PRIMARILY TO HELP FULFILL THE LIBERAL ARTS EDUCATION MISSION OF THE COLLEGE MANY, BUT NOT ALL, PIECES ARE DISPLAYED THROUGHOUT CAMPUS FOR VIEWING BY THE CAMPUS COMMUNITY AND VISITORS Chedule D, Part V, Line 4, Intended Isses of endowment funds Chedule D, Part X, Line 2, FIN 48 ASC 740) footnote THE COLLEGE OPERATES AS A NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, THE COLLEGE FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN TAX POSITION A TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITION SON TAX POSITION SON TAX POSITIONS AND PENALTIES RELATED TO UNRECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFIT TO LIKE THE MORE LIKELY THAN NOT" TEST, N. TAX BENEFIT WILL BE RECORDED THE COLLEGE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES AS OF JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED MANAGEMENT DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO CHANGE SIGNIFICANTLY IN THE NEXT 12 MONTHS FORMS 990 AND 990-TILED BY THIS COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS DENTIFIED BY THIS COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS DENTIFIED BY THIS COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR SCHOOL OF THE COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR SCHOOL OF THE COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR SCHOOL OF THE COLLEGE ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 201 | | · | | | | |
| COLLEGE, INCLUDING, BUT NOT LIMITED TO, STUDENT SCHOLARSHIP, OPERATIONS AND DEBT RETIREMENT THE COLLEGE OPERATES AS A NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, THE COLLEGE FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN TAX POSITIONS A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NOT TAX BENEFIT WILL BE RECORDED THE COLLEGE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE COLLEGE RECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES AS OF JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED MANAGEMENT DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO CHANGE SIGNIFICANTLY IN THE NEXT 12 MONTHS FORMS 990 AND 990-FILED BY THI COLLEGE ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN MANAGEMENT BELIEVES FORMS 990 AND 900-T HAVE BEEN FILED APPROPRIATELY FORMS 990 AND 990-FILED BY THE COLLEGE ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR SICHEDULE DEPORT OF THE TOTAL AMOUNT OF THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR FINANCIAL AID AND SCHOLARSHIPS - 24691721, ACTUARIAL LIABILITY FOR ANNUITY OBLIGATIONS - 222814, VALUATION CHANGE IN INTEREST RATE SWAPS - 447836, INCOME OF THE PROPE | Schedule D, Part III, Line 4, Collections of art - description of collections | PRIMARILY TO HELP FULFILL THE LIBE MANY, BUT NOT ALL, PIECES ARE DISP | RALA | RTS EDUCATION MIS | SION OF | THE COLLEGE |
| TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ADDITIONALLY, THE COLLEG FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN TAX POSITIONS A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NOT TAX BENEFIT WILL BE RECORDED THE COLLEGE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE COLLEGE RECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES AS OF JUNE 30, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED MANAGEMENT DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO CHANGE SIGNIFICANTLY IN THE NEXT 12 MONTHS FORMS 990 AND 990-T FILED BY THE COLLEGE ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN MANAGEMENT BELIEVES FORMS 990 AND 900-T HAVE BEEN FILED APPROPRIATELY FORMS 990 AND 990-FILED BY THE COLLEGE ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEAR ENDED JUNE 30, 2011 AND PRIOR FINANCIAL AID AND SCHOLARSHIPS - 24691721, ACTUARIAL LIABILITY FOR ANNUITY OBLIGATIONS - 222814, VALUATION CHANGE IN INTEREST RATE SWAPS - 447836, inchedule D, Part XII, Line 4b, Other expenses in form 990 not in audited FINANCIAL AID AND SCHOLARSHIPS - 24691721, | Schedule D, Part V, Line 4, Intended uses of endowment funds | COLLEGE, INCLUDING, BUT NOT LIMIT | | | | |
| obligations - 222814, Valuation Change in Interest Rate Swaps - 447836, Inancial statements schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited FINANCIAL AID AND SCHOLARSHIPS - 24691721, Interest Rate Swaps - 447836, Intere | Schedule D. Part XI. Line 4b. Other | TAXES UNDER INTERNAL REVENUE CO FOLLOWS ACCOUNTING STANDARDS A POSITION IS RECOGNIZED AS A BENE THE TAX POSITION WOULD BE SUSTAI EXAMINATION BEING PRESUMED TO CAMOUNT OF TAX BENEFIT THAT IS GRIEXAMINATION FOR TAX POSITIONS NOT AX BENEFIT WILL BE RECORDED THE PENALTIES RELATED TO UNRECOGNIZEXPENSE, RESPECTIVELY THE COLLECTIVERS AS OF JUNE AS OF JUNE 30, 2014 AND 2013, THER MANAGEMENT DOES NOT EXPECT THE TO CHANGE SIGNIFICANTLY IN THE NOT COLLEGE ARE SUBJECT TO EXAMINATUP TO THREE YEARS FROM THE EXTEN BELIEVES FORMS 990 AND 900-T HAVEILED BY THE COLLEGE ARE NO LONGERNOOD JUNE 30, 2011 AND PRIOR | DE SE APPLIO FIT O INED I OCCUF EATEF IOT M COLL ZED TA GE REO E 30, 2 E WER E TOTA EXT 1 ION B DED D E BEE ER SUI | CTION 501(C)(3) AD CABLE TO UNCERTAIN NLY IF IT IS "MORE LI N A TAX EXAMINATION THE AMOUNT RECON THAN 50% LIKELY ON EETING THE "MORE LI EGE WOULD RECOGN X BENEFITS IN INTEN TOOGNIZED AND ACCE TOOGNIZED A | DITIONA N TAX PO KELY THA DN, WITH GNIZED I F BEING IKELY THA IZE INTE REST AND X POSITION COGNIZE O AND 99 ENUE SEI ETURN M ELY FOR ON FOR | LLY, THE COLLEGE SITIONS A TAX AN NOT" THAT A TAX IS THE LARGEST REALIZED ON AN NOT" TEST, NO REST AND DINCOME TAX AMOUNTS FOR ONS IDENTIFIED D TAX BENEFITS FOOT FILED BY THE RVICE (IRS) FOR ANAGEMENT MS 990 AND 990-T THE FISCAL YEARS |
| expenses in form 990 not in audited | revenues in form 990 not in audited financial statements | OBLIGATIONS - 222814, VALUATION | CHAN | GE IN INTEREST RAT | | |
| | expenses in form 990 not in audited financial statements | I INANCIAL AID AND SCHOLARSHIPS - | - 2409 | 1/21, | | |

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

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As Filed Data -

DLN: 93493021001195

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** CENTRE COLLEGE 61-0444671 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4**c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? <u>5g</u> Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information. 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, Part I, Line 3, Racially nondiscriminatory policy | IN ADDITION TO THE EQUAL OPPORTUNITY EMPLOYER NOTICE THAT APPEARS WITH ALL OF CENTRE'S EMPLOY MENT ADS, THE COLLEGE HAS AN OFFICIAL NONDISCRIMINATION STATEMENT THAT IS REPRINTED IN MAJOR PUBLICATIONS SUCH AS OUR INTRODUCTION-TO-THE-COLLEGE BROCHURE, THE ADMISSION VIEWBOOK, AND THE CATALOG THE STATEMENT ALSO APPEARS ON THE COLLEGE'S WEBSITE |
| Schedule E, Part I, Line 6a, Financial aid or assistance from a governmental agency | CENTRE COLLEGE RECEIVES ASSISTANCE FROM THE FEDERAL STUDENT AID PROGRAM TO FUND THE COST OF ATTENDANCE FOR ELIGIBLE STUDENTS THESE PROGRAMS INCLUDE PELL, FEDERAL WORK STUDY, PERKINS, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND STAFFORD LOANS FEDERAL ASSISTANCE FROM OTHER SOURCES INCLUDE THE NATIONAL SCIENCE FOUNDATION AND THE US ENVIRONMENTAL PROTECTION AGENCY |

Schedule E (Form 990 or 990-EZ) 2013

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493021001195

Statement of

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.

OMB No 1545-0047

2013

Open to Public Inspection

| | ne of the organization | | | | Employer iden | tification number |
|-----|--|--|---|---|---|-------------------|
| CEN | TRE COLLEGE | | | | 61-0444671 | |
| Pa | "Yes" to Form 990, Par | | | ne United States. Co | omplete if the organi | zation answered |
| 1 | For grantmakers.Does the o | rganızatıon ma | aıntaın records | to substantiate the a | mount of its grants a | nd |
| | other assistance, the grantee | es' eligibility fo | r the grants o | r assistance, and the s | election criteria used | |
| | to award the grants or assista | ance? | | | | │ Yes │ No |
| 2 | For grantmakers. Describe in assistance outside the United | | ganızatıon's pı | rocedures for monitorii | ng the use of its grar | ts and other |
| 3 | Activites per Region (The follow | ing Part I, line 3 | table can be du | uplicated if additional spa | ce is needed) | |
| | (a) 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 | |
| (1 |) See Add'l Data | | | | | |
| (2 |) | | | | | |
| (3 |) | | | | | |
| (4 |) | | | | | |
| (5 |) | | | | | |
| 3 | a Sub-total | | | | | |
| | b Total from continuation sheets to Part I | | | | | |
| | c Totals (add lines 3a and 3h) | I |) | 1 | | 1 32 895 031 |

| 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 | ganizations 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 additional space is needed.

| Part III can be | duplicated if addition | <u>nai space is ne</u> | eeaea. | | | | |
|---------------------------------|---|--------------------------|------------------------------|------------------------------------|--|--|---|
| (a) Type of grant or assistance | | (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) SCHOLARSHIP | EAST ASIA AND THE PACIFIC | 18 | 177,800 | CREDIT | 0 | | |
| (2) SCHOLARSHIP | NORTH AMERICA (CANADA & MEXICO ONLY) | 30 | 295,000 | | 0 | | |
| (3) SCHOLARSHIP | EUROPE (INCLUDING ICELAND AND GREENLAND) | 102 | 977,718 | CREDIT | 0 | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
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| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | | <u> </u> | | <u>I</u> | | Schedu | ıle F (Form 990) 2013 |

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

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).

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements | CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCL UDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL |

| Return Reference | Explanation |
|--|---|
| Schedule F, Part III, Method used to account for grants on organization's financial statements | EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL |

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements | CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCL UDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL |

| Return Reference | Explanation |
|--|---|
| Schedule F, Part III, Method used to account for grants on organization's financial statements | EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL |

Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 61-0444671

Name: CENTRE COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region |
|--|-------------------------------------|--|--|---|--------------------------------------|
| EUROPE (INCLUDING ICELAND AND GREENLAND) | | 1 | | SEMESTER STUDY ABROAD | 831,970 |
| NORTH AMERICA (CANADA & MEXICO ONLY) | | 1 | | SEMESTER STUDY ABROAD | 229,937 |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | | | PROGRAM SERVICES | SCHOLARSHIPS | 977,718 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | |
|---|---|--|--|---|--------------------------------------|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region | | | | |
| NORTH AMERICA (CANADA & MEXICO ONLY) | | | PROGRAM SERVICES | SCHOLARSHIPS | 295,000 | | | | |
| EAST ASIA AND THE PACIFIC | | | | SEMESTER STUDY ABROAD | 112,606 | | | | |
| CENTRAL AMERICA AND THE CARIBBEAN | | | INVESTMENTS | | 30,270,000 | | | | |

| Form 990 Schedule F | <u>Part I - Activi</u> | <u>ties Outside T</u> | he United States | | |
|---------------------------|---|--|--|---|--------------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region |
| EAST ASIA AND THE PACIFIC | | | PROGRAM SERVICES | SCHOLARSHIPS | 177,800 |

DLN: 93493021001195

OMB No 1545-0047

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

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

CENTRE COLLEGE

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

Employer identification number

61-0444671

| Does the organization maintain the selection criteria used to a Describe in Part IV the organization | records to substanti ward the grants or as | ate the amount of the | | | | | ΓYes Γ |
|---|---|--|------------------------------|---|---|--|--------------------------------------|
| Part II Grants and Other A Form 990, Part IV, lin | | | | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance |
| | | | | | | | |
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| 2 Enter total number of section 5 | , ,, , | 3 | | | | - _ | |
| 3 Enter total number of other org For Paperwork Reduction Act Notice, se | | | | Cat No 50055P | | | le I (Form 990) 2013 |

| 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) INSTITUTIONAL SCHOLARSHIPS | 1255 | 23,241,203 | 0 | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Informa | tion. Provide the info | rmation required in Pa | art I, line 2, Part III, | column (b), and any other | additional information. |

| Return Reference | Explanation |
|----------------------------------|---|
| Schedule I , Part I , Line 2 , | ALL STUDENT SCHOLARSHIPS, GRANTS, OR OTHER ASSISTANCE ARE MONITORED THROUGHOUT THE AWARD, ACCEPTANCE, AND |
| Procedures for monitoring use of | APPLICATION PROCESSES APPROPRIATE RECORDS ARE MAINTAINED AND DOCUMENTED |
| grant funds | |

Schedule I (Form 990) 2013

DLN: 93493021001195

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

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

Open to Public Inspection

Name of the organization CENTRE COLLEGE

Employer identification number

61-0444671

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

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

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

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

| (A) Name and Title | | (B) Breakdown of (i) Base compensation | W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation | GC compensation (iii) Other reportable 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)STEPHANIE L FABRITIUS VP ACADEMIC, DEAN | (i) (ii) | 148,822 0 | 14,923 | 480 0 | 15,072 0 | 7,649 0 | 186,946 0 | 0 |
| (2)RICHARD W TROLLINGER VP DEVELOPMENT | (i) (ii) | 157,420 0 | 24,328 0 | 1,536 0 | 16,381 0 | 10,892 | 210,557 0 | 0 |
| (3)JOHN A ROUSH PRESIDENT | (i) (ii) | 245,571 0 | 50,986 0 | 2,550 0 | 25,500 0 | 10,147 0 | 334,754 0 | 0 |
| (4)ROBERT L KEASLER VP FINANCE, TREASURER | (i) (ii) | 159,933 0 | 16,000 0 | 578 0 | 16,160 0 | 6,166 0 | 198,837 0 | 0 |

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 |
|--|---|
| | AT TIMES SPOUSES ARE EXPECTED TO ACCOMPANY INTERESTED PERSONS ON BUSINESS TRIPS ANY AMOUNTS DEEMED TO BE PERSONAL IN NATURE ARE TREATED AS TAXABLE COMPENSATION |
| , , , | JOHN ROUSH, PRESIDENT, STEPHANIE FABRITIUS, DEAN, AND ROBERT KEASLER, VP FINANCE & TREASURER ARE REQUIRED TO RESIDE IN ON-CAMPUS HOUSING PER THEIR EMPLOYMENT AGREEMENT EXEMPT UNDER IRC 119 |
| | THE COLLEGE PURCHASED A MEMBERSHIP IN THE LOCAL COUNTRY CLUB IN THE PRESIDENT'S NAME TO GAIN ACCESS TO THE FACILITIES FOR OCCASIONAL BUSINESS PURPOSES THE USE IS 100% BUSINESS AND NOT CONSIDERED TO BE TAXABLE COMPENSATION |
| Schedule J, Part I, Line 7, Non-fixed payments | BONUSES ARE EARNED BASED ON MEETING GOALS SET AT THE BEGINNING OF THE YEAR BY THE PRESIDENT OF THE COLLEGE |

Schedule J (Form 990) 2013

DLN: 93493021001195 OMB No 1545-0047

2013

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990) ▶ 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.

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

| | arne of the organization | | | | | | | | Em | Employer identification number | | | | | |
|----|--|------------------------|--------------------|-----------------|-----------------------|-----------------|----------------------------|-----------------------|----------------------------|--------------------------------|--------------------------------|-----|-----------------------|--------|----|
| | | | | | | | | | | 61 | 61-0444671 | | | | |
| P | art I Bond Issues | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue p | orice | (f) Description of purpose | | on of purpose (g) Defeased | | (h) O n behalf of issuer | | (i) Pool financing | | |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | COUNTY OF BOYLE KENTUCKY | 61-6000756 | 103462BD8 | 04-24-2008 | 34,385 | 5,000 | CURR | RENT REFUN | IDING | | × | | х | | Х |
| В | COUNTY OF BOYLE KENTUCKY | 61-6000756 | 103462BA4 | 08-30-2007 | 44,156 | 5,380 | | CONSTRUC ANCED REF | | | х | | х | | Х |
| Pa | rt III Proceeds | | | | | | | | | | | | | | |
| ١. | ^ | | | | A | 1 | | E | | | С | | D | | |
| | A mount of bonds retired | | | | | | 이 | | 1,816,380 | | | | | | |
| | A mount of bonds legally defea | ased ———— | | | | | | | 0 | | | | | | |
| 3 | Total proceeds of issue | | | | 35,675,876 44,499,416 | | | | | | | | | | |
| 4 | Gross proceeds in reserve fui | | | | 0 0 | | | | | | | | | | |
| 5 | Capitalized interest from proc | | | | 0 0 | | | | | | | | | | |
| 6 | Proceeds in refunding escrow | | | | | | 0 | | 0 | | | | | | |
| 7 | Issuance costs from proceed | | | | 233,242 334,422 | | | | | | | | | | |
| 8 | Credit enhancement from pro- | | | | | 101,758 398,632 | | | | | | | | | |
| 9 | Working capital expenditures | | | | 0 0 | | 0 | | | | | | | | |
| 10 | Capital expenditures from pro | ceeds | | | | | 0 | | 12,576,750 | | | | | | |
| 11 | Other spent proceeds | | | | 3 | 35,340, | ,876 | : | 31,189,612 | | | | | | |
| 12 | Other unspent proceeds | | | | | | 0 | | 0 | | | | | | _ |
| 13 | Year of substantial completio | n | | | 20: | 10 | | 20 | 09 | | | | | | |
| | | | | | Yes | No | | Yes | No | Yes | N | lo | Yes | \bot | No |
| 14 | Were the bonds issued as par | rt of a current refund | ing issue? | | Х | | | | Х | | | | | | |
| 15 | Were the bonds issued as par | rt of an advance refu | nding issue? | | | Х | | Х | | | | | | | |
| 16 | Has the final allocation of pro | ceeds been made? | | | Х | | | Х | | | | | | | |
| 17 | 7 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | Х | | | Х | | | | | | | | |
| Pa | rt IIII Private Business l | Jse | | | T | | | | | | | | | | |
| | | | | | A A | | | E | | | <u>C</u> | | | D | |
| 1 | | | | | Yes | No | • | Yes | No | Yes | _ N | lo | Yes | | No |

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

| -C: | Filvate Business Ose (Continued) | | | | | | | | |
|-----|--|-----|-----|--------|-----|-----|----|-----|----|
| | | | 4 | | В | | 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 | | | | |
| 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 | | | | |
| 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 | | 0 % | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | /o 0 % | | | | | |
| 6 | Total of lines 4 and 5 | | 0 % | | 0 % | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | 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 | | | | |
| 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 | | x | | | | | |

Part IV Arbitrage

| | | | | | _ | | | | |
|----|--|-------------|-----|-----|-----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | Х | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | Х | | | | |
| b | Exception to rebate? | × | | Х | | | | | |
| 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? | Х | | | Х | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | × | | | X | | | | |
| b | Name of provider | SEE PART VI | | | | | | | |
| С | Term of hedge | | 0 0 | | 0 0 | | | | |
| d | Was the hedge superintegrated? | | Х | | Х | | | | |
| е | Was the hedge terminated? | | Х | | Х | | | | |
| | Schedule K (Form 990) 2013 | | | | | | | | |

В

| | | Α | | В | | С | | D | |
|----|---|-----|----|-----|--------|---|----|-----|----|
| | | Yes | No | Yes | Yes No | | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | 0.0 | | 0 0 | | | | | |
| 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 | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | Х | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| | Yes | |
|--|-----|--|
| 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? | X | |

| | A | | В | | С | | D | | |
|----|-----|----|-----|----|-----|----|-----|----|--|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| -[| | | | | | | | | |
| | X | | Х | | | | | | |
| | | | | | | | | | |

| Part VI | Supplemental Info | ormation. Provide additional | l information for resp | onses to questions | s on Schedule K (| see instructions) | |
|---------|-------------------|-------------------------------------|------------------------|--------------------|-------------------|-------------------|--|
| | | | | | | | |

| Return Reference | Explanation |
|---|--|
| , | THE DIFFERENCE BETWEEN PART I(E)B ISSUE PRICE AND PART II, LINE 3B TOTAL PROCEEDS OF \$1,290,876 IS THE RESULT OF INVESTMENTS EARNINGS |
| , , , , , | THE DIFFERENCE BETWEEN PART I(E)A ISSUE PRICE AND PART II, LINE 3A TOTAL PROCEEDS OF \$343,036 IS THE RESULT OF INVESTMENTS EARNINGS |
| SCHEDULE K, PART IV, LINE 2C, EXCEPTION TO REBATE | ALL BOND PROCEEDS HAVE BEEN SPENT THEREFORE THE REBATE CALCULATION DOES NOT NEED TO BE PERFORMED |
| SCHEDULE K, PART IV, LINE 4B, PROVIDERS IDENTIFIED WITH A HEDGE | UBS 29 7 YEARS PNC 25 3 YEARS |

DLN: 93493021001195

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► 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.

Open to Public Inspection

| Name of the org CENTRE COLLEGE | ganızatıon | | | | | | | | | | /er iden 44671 | ntification | on numbe | er |
|-----------------------------------|--------------------|-----------------|-------------|--------------|---------------|---------------------------------------|------|--------------------|---------------|----------|--------------------------|-------------------|------------|----------|
| Part I Exce | | | | | | | | | organı | zatıor | ns only | | 4.01 | |
| | | | | | | 0, Part IV, line | | | | | | | | |
| 1 (a) Nam | e of disquali | fied person | (6 | - | • | n disqualified | | (c) Desc | ription | of tra | nsactio | on | | rected? |
| | | | | perso | n and organi | Zation | | | | | | | Yes | No |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | • |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | • |
| | | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | • |
| | | | | | | | | | | | | | | |
| | | | | | | 1.01 | | | | | | | | • |
| 2 Enterthe a | imount of ta | x incurred i | by org | anization r | nanagers or | disqualified per | rso | ons auring t | ne yeai | r unae | rsectio | on | | |
| | · · · · | v ifany on | · Juna 1 | · · · | · · · · | · · · · · · · · · · · · · · · · · · · | | | • • | | - - \$ | | | |
| 3 Eliter the a | illioulit of ta | x, 11 a11y, 011 | illie 2 | z, above, it | ellibursed by | y the organizati | 101 | | | | - > | · | | |
| Part III Lo | ans to an | d/or Fro | m Ir | ntereste | d Persons |). | | | | | | | | |
| | | | | | | 990-EZ, Part V | ۱, ۱ | line 38a, or | Form 9 | 90, P | art IV, | line 26, | or if the | |
| org | anızatıon re | ported an a | moun | t on Form 9 | 990, Part X, | line 5, 6, or 22 | | | | | | | | |
| (a) Name of | (b) | (c |) | (d) Loan | | (e)Original | (| (f) Balance | (g) In | | (h) | | (i)Wr | |
| ınterested | Relations | | | or from th | | principal | | due | defaul | t? | A ppro | ved | agreer | ment? |
| person | with organizati | loa | n | organızatıc | on? | amount | | | | | by board | | | |
| | organizaci | 011 | | | | | | | | | or | | | |
| | | | | | | | | | | | comm | ıttee? | | |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | • | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | t | | | | | | | |
| Total | | | <u> </u> | | | L | _ | | <u> </u> | <u> </u> | | | \neg | |
| | nte or A | | Ψ | efitting | Interecte | d Persons. | | | 1 | | 1 | | | |
| Cor | | | | | | Form 990, Pa | ar | t IV line 2 | 7 | | | | | |
| (a) Name of ir | - | | | p between | | nt of assistance | | (d) Type | | ıstanc | e (| e) Purno | se of as | sistance |
| perso | | | | on and the | (c) Amoun | ic or assistance | _ | | . 01 433 | 15 curic | | c y i dipo | 75C 01 u5. | Sistance |
| · | | org | anızat | tion | | | | | | | | | | |
| (1) SEE PART V | | | | | | 58,50 | 0 | INSTITUT | IONAL | | EC | DUCATI | ON | |
| | | | | | | | | SCHOLARS | SHIP | | AS | SSISTA | NCE | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | |
| | | | | | | | | - | | | | | | |
| | | | | | 1 | | | - | | | | | | |

| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization' revenues? | |
|-------------------------------|--|----------------------------|--------------------------------|---|----------|
| | | | | Yes | No |
| (1) MIKE FABRITIUS | HUSBAND OF STEPHANIE FABRITIUS, OFFICER | 95,922 | COMPENSATION | | No |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Return Reference | Explanation |
|------------------------------|--|
| SCHEDULE L, PART III, GRANTS | COLLEGES, UNIVERSITIES AND PRIMARY AND SECONDARY SCHOOLS ARE NOT REQUIRED |
| OR ASSISTANCE BENEFITING | TO IDENTIFY INTERESTED PERSONS TO WHOM THEY HAVE PROVIDED SCHOLARSHIPS, |
| INTERESTED PERSONS | FELLOWSHIPS AND SIMILAR FINANCIAL ASSISTANCE PURSUANT TO THE INSTRUCTIONS TO |
| | FORM 990, SCH L, PART III, COLUMNS (A) AND (B) HAVE BEEN LEFT BLANK |

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493021001195

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

| | ne of the organization FRE COLLEGE | | | | Employer identificat | ion nu | mber | |
|-----|---|----------------------------------|--|---|---|--------|------|-----|
| | THE COLLEGE | | | | 61-0444671 | | | |
| Pä | rt I Types of Property | | | • | | | | |
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | (d Method of d noncash contrib | etermı | _ | ts |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Χ | 42 | 1,511,580 | MARKET VALUE | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic | | | | | | | |
| 14 | structures | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—O ther | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | O ther ▶ () | | | | | | | |
| 26 | O ther ►() | | | | | | | |
| | O ther ►() | | | | | | | |
| | Other ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization comple | | | | 29 | | | 0 |
| 30a | During the year, did the organiza | ition receiv | e by contribution any prope | rty reported in Part I, lines | 1 through 28, that | | Yes | No |
| | ıt must hold for at least three ye | ars from th | e date of the initial contribu | tion, and which is not requ | ired to be used | | | |
| | for exempt purposes for the enti | re holdıng p | period? | | | 30a | | Νo |
| | If "Yes," describe the arrangem | | | | | | | |
| 31 | Does the organization have a gif | t acceptan | ce policy that requires the r | eview of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or us contributions? | e thırd part | les or related organizations | to solicit, process, or sell | noncash • • • | 32a | | No |
| ŀ | If "Yes," describe in Part II | | | | | J-4 | | .10 |
| | If the organization did not report | an amount | un column (c) for a type of | property for which column | (a) is shocked | | | |

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, the number of items received, or a combination of both. Also complete this part for any additional information.

| namber of terms received, of a combination of both. Also complete this part for any additional information. | | | | | | |
|---|---|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| · · · · · · · · · · · · · · · · · · | SECURITIES - PUBLICLY TRADED THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS | | | | | |
| Schedule M, part I, column (b), Line 9, Number of contributions or items contributed | THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS | | | | | |

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493021001195

OMB No 1545-0047 2013

> Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

(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 CENTRE COLLEGE 61-0444671

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION | (CONTINUED FROM PART III) CENTRE NURTURES IN ITS STUDENTS THE ABILITY TO THINK LOGICALLY AND CRITICALLY, TO WORK CREATIVELY, TO ANALYZE AND COMPARE VALUES, AND TO WRITE AND SPEAK WITH CLARITY AND GRACE. IT ACQUAINTS STUDENTS WITH THE RANGE OF ACCOMPLISHMENTS OF THE HUMAN MIND AND SPIRIT IN A VARIETY OF ARTS AND THEORETICAL DISCIPLINES. IT ENABLES STUDENTS TO CHOOSE AND FULFILL SIGNIFICANT RESPONSIBILITIES IN SOCIETY. IN SHORT, CENTRE'S HIGHEST PRIORITY IS TO PREPARE ITS STUDENTS FOR LIVES OF LEARNING, LEADERSHIP, AND SERVICE. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee | THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPOINTED EACH YEAR BY THE CHAIR OF THE BOARD, AND APPROVED BY VOTE OF THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD OF TRUSTEES WHEN THE BOARD IS NOT IN SESSION, EXCEPT THE POWER TO ELECT OR REMOVE THE PRESIDENT OF THE COLLEGE, TO AMEND THE CHARTER AND BY LAWS OF THE COLLEGE, AND TO ELECT NEW TRUSTEES THE EXECUTIVE COMMITTEE SHALL CONSIST OF NINE OR MORE MEMBERS, INCLUDING THE CHAIR OF THE BOARD, THE VICE CHAIR OF THE BOARD AND THE SECRETARY OF THE BOARD ANY ACTION OF THE EXECUTIVE COMMITTEE TO BE EFFECTIVE MUST BE AUTHORIZED BY AT LEAST FIVE AFFIRMATIVE VOTES |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Sec A, Line 2, Family/business relationships amongst interested persons | THOMAS BAEKER, TRUSTEE AND GREG CAUDILL, TRUSTEE - BUSINESS RELATIONSHIP, WATTS HUMPHREY, TRUSTEE AND DAVID GRISSOM, TRUSTEE - BUSINESS RELATIONSHIP |

| Return Reference | Explanation |
|------------------------|--|
| B, Line 11b, Review of | A DRAFT OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES IS PREPARED BY THE CONTROLLER WITH ASSISTANCE FROM AN INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING, A COPY IS PROVIDED TO THE COLLEGE EXECUTIVE OFFICERS AND THE BOARD'S AUDIT COMMITTEE FOR REVIEW A SUMMARY REPORT WAS PRESENTED ON DECEMBER 1, 2014 TO THE AUDIT COMMITTEE. THE FINAL FORM 990 AND SUPPLEMENTAL SCHEDULES WAS PROVIDED ELECTRONICALLY TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS |

| Return Reference | Explanation | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy | ALL TRUSTEES AND OFFICERS ARE SURVEYED ANNUALLY, VIA AN EXTENSIVE QUESTIONNAIRE, TO DISCLOSE A VARIETY OF RELATIONSHIPS WITH EACH OTHER OR DIRECTLY WITH THE COLLEGE. THIS SURVEY IS REVIEWED AND MAINTAINED BY COLLEGE COUNSEL, AND REVIEWED BY BOTH THE VP FINANCE AND THE CONTROLLER. THOSE FOUND TO HAVE A POTENTIAL CONFLICT, OR THE APPEARANCE OF SUCH, DO NOT PARTICIPATE IN FINAL RELATED BUSINESS DISCUSSIONS OR VOTES. | | | | | | | | | |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official | THE COMPENSATION COMMITTEE, COMPRISED OF THE BOARD CHAIRMAN, BOARD VICE CHAIRMAN, AND FINANCE COMMITTEE CHAIR, DETERMINES AN APPROPRIATE COMPENSATION CONTRACT FOR THE PRESIDENT AN IMPORTANT TOOL USED IN THEIR DECISION PROCESS IS A COMPARABILITY STUDY CONDUCTED BY AN APPOINTED BOARD COMMITTEE. THE COMMITTEE'S RECOMMENDATION, SUPPORTED BY THE COMPARABILITY STUDY, AN EXPANSIVE REPORT BY THE PRESIDENT ON THE DRIVERS AND GOALS ASSOCIATED WITH HIS WORK, AND OTHER DISCUSSION POINTS, IS PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR DETAILED REVIEW AND APPROVAL. THE CONTRACT IS SUBSEQUENTLY PRESENTED TO THE FULL BOARD FOR RATIFICATION WRITTEN DOCUMENTATION OF CONTRACT DISCUSSIONS, APPROVALS, ATTENDANCE, AND ACTION TAKEN ARE MAINTAINED ON CAMPUS BY A NON-BOARD MEMBER. THE PRESIDENT IS CURRENTLY COMPLETING THE FOURTH YEAR OF A FOUR-YEAR CONTRACT. |

| Return Reference | Explanation |
|------------------|---|
| | AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. CURRENTLY THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE BY THE IRS |

| Return Reference | Explanation |
|--|---|
| Form 990 , Part XI, Line 9, Other changes in net assets or fund balances | ACTUARIAL LIABILITY FOR ANNUITY OBLIGATIONS222814, VALUATION CHANGE IN INTEREST RATE SWAPS447836, |

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SCHEDULE R | Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

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

2013

DLN: 93493021001195OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CENTRE COLLEGE 61-0444671 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (c) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

| Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t | zations Complete ıf he tax year. | the organization ai | nswered "Yes" on | Form 990, Part IV, | line 34 because it | had or | ne |
|---|--|---|----------------------------|--|--------------------------------------|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section (13) co | g) o 512(b) ontrolled tity? |
| | | | | | | Yes | No |
| | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990 | • | Cat No 501 | 35Y | | Schedule R (Forr | n 990) 2 | 2013 |

| (a) Name, address, and EIN of | | (b) | (c) | (d) | (e) | | (f) | (g) | (h | 1) | (i) | (| i) | (k) |
|--|--|--|---|------------------------------|--|---------------------------------------|--------------------------|---|---------|---------------------------|---|--------------|-------------------------|--|
| Name, address, and related organizat | EIN OT CION | Primary activity | Legal domicile (state or foreign country) | Direct controll entity | ing income(re unrelat excluded tax un sections | elated, ed, from der 512- | Share of total income | Share of end-of-year assets | allocat | ortionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | rai or aging ner? | Percentage ownership |
| | | | | | 514) | ' | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | | |
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| Identification of Related line 34 because it had one (a) Name, address, and EIN of related organization | d Organizations Taxable or more related organizatio (b) Primary activity | ns treated a (c) Lega domici (state or fo | s a cor l le oreign | poration | st Complete or trust du (d) prect controlling entity | ring t Type (C cor | he tax y | zation ans ear. (f) Share of total income | Share | (g) e of end- year assets | (h |) tage | Se | (i) ection 512 (b)(13) controlled |
| | | countr | <i>(</i>) | | | | | | | | | | _ | entity? 'es No |
| (1) CHARITABLE REMAINDER TRUSTS (6) | CHARITABLE REMAINDER TRUST | KY | | N | 4 | TRUST | | | | | | | | |
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| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | | | |
|------------|--|--|---------------------|--|------------|--------|----|--|--|--|
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related o | organizations lis | ted in Parts II-IV? | | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | No | | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No | | | |
| C | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | No | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | No | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | No | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | No | | | |
| g | Sale of assets to related organization(s) | | | | 1 g | | No | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | No | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | No | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | | |
| | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No | | | |
| - 1 | l Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | No | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | No | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1 p | | No | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | No | | | |
| | | | | | | | | | | |
| r | O ther transfer of cash or property to related organization(s) | | | | 1r | | No | | | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | No | | | |
| | | | | | | | | | | |
| 2 | | | · • | | | | | | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | | unt in | volved | | | | |
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| | | In guarantees to or for related organization(s) In guarantees by related organization by related organization(s) In guarantees by related organization(s) In guaran | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--|----|--|---|----------|---------------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013