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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BEREA COLLEGE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
LINCOLN HALL 220

City or town, state or province, country, and ZIP or foreign postal code
BEREA, KY 40404

F Name and address of principal officer:
JEFFREY S AMBURGEY
LINCOLN HALL 220
BEREA, KY 40404

D Employer identification number

61-0444650

E Telephone number

(859) 985-3082

G Gross receipts \$ 534,411,286

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BEREA.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1855

M State of legal domicile: KY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
POST-SECONDARY EDUCATIONAL INSTITUTION PROVIDING INSTRUCTION AND OTHER SERVICES TO STUDENTS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 34

4 Number of independent voting members of the governing body (Part VI, line 1b) 31

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1,201

6 Total number of volunteers (estimate if necessary) 421

7a Total unrelated business revenue from Part VIII, column (C), line 12 -17,959

b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

88,443,258 108,875,031

20,491,873 18,105,058

140,586,963 73,646,124

1,258,433 4,575,874

250,780,527 205,202,087

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶6,404,077

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Prior Year

Current Year

3,701,092 6,959,915

61,180,473 64,754,551

537,546 496,661

67,075,160 70,523,018

132,494,271 142,734,145

118,286,256 62,467,942

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

1,616,301,681 1,637,313,850

72,172,296 70,468,425

1,544,129,385 1,566,845,425

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
JEFFREY S AMBURGEY VICE PRESIDENT FOR FINANCE
Type or print name and title

2021-04-27
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00520729

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400
Louisville, KY 402411122

Phone no. (502) 326-3996

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

BEREA COLLEGE SEEKS TO TRANSFORM THE LIVES OF ITS STUDENTS AND THEIR FAMILIES BY ADMITTING ACADEMICALLY PROMISING STUDENTS FROM LOW-INCOME FAMILIES. CORE TO ITS MISSION OF TRANSFORMING LIVES AND CIRCUMSTANCES, THE COLLEGE COVERS THE COST OF TUITION FOR EVERY DEGREE-SEEKING STUDENT. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ **Yes** ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	49,514,657	including grants of \$	693,823) (Revenue \$	519,273)
	See Additional Data				

4b	(Code:) (Expenses \$	27,405,684	including grants of \$	) (Revenue \$	35,082)
	See Additional Data				

4c	(Code:) (Expenses \$	12,290,341	including grants of \$	) (Revenue \$	973,826)
	See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	32,378,055	including grants of \$	6,266,092) (Revenue \$	20,000,312)

4e	Total program service expenses ▶	121,588,737
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
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	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more 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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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 Yes	
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 Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 671	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34	
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	31	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
CO, HI, KY, AK, MD, MA, MI, NV, NH, NJ, ND, OH, OK, OR, SC, AR, WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
▶JEFFERY S AMBURGEY LINCOLN HALL NO 220 BERE, KY 40404 (859) 985-3082

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

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,744,191	0	465,600

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 34

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EVALUATION CONSULTING GROUP 4231 CHAPARRAL DR NAPIERVILLE, IL 60564	EVALUATION SERVICES	651,498
HEALTH HELP INC ESTILL ST BEREA, KY 40403	HEALTH SERVICES	505,272
AMERGENT INC 9 CENTENNIAL DR PEABODY, MA 01960	DONOR ACQUISITION AND RETENTION	488,911
GRW ENGINEERS 801 CORPORATE DR LEXINGTON, KY 40503	ARCHITECTURAL SERVICES	372,301
RESOURCES FOR EDUCATION ADAPTION CHANGE AND HEALTH 501 PARK AVE LOUISVILLE, KY 40208	DATABASE HOST	317,100

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 ► 17

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e	57,518,226									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	51,356,805									
	g Noncash contributions included in lines 1a - 1f:\$		1g	3,247,558									
	h Total. Add lines 1a-1f ▶		108,875,031										
Program Service Revenue			Business Code										
	2a Residence/Dining Sev Rev		721310	8,595,790		8,595,790							
	b Grants for Educ Fees		611710	3,400,000		3,400,000							
	c Boone Tavern		721110	2,673,190		2,673,190							
	d Fees/Ins Pd by Students		611710	957,861		957,861							
	e Income from Agriculture Farm Lab		900099	523,472		523,472							
	f All other program service revenue.			1,954,745		1,667,037		287,708		0			
g Total. Add lines 2a-2f. ▶		18,105,058											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			24,985,971				-305,667		25,291,638			
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶			27,273						27,273			
			(i) Real	(ii) Personal									
	6a Gross rents		6a	424,406									
	b Less: rental expenses		6b	322,660									
	c Rental income or (loss)		6c	101,746	0								
	d Net rental income or (loss) ▶			101,746						101,746			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	376,999,126	17,273								
	b Less: cost or other basis and sales expenses		7b	328,223,324	132,922								
	c Gain or (loss)		7c	48,775,802	-115,649								
	d Net gain or (loss) ▶			48,660,153						48,660,153			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events ▶												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities ▶												
	10a Gross sales of inventory, less returns and allowances		10a	337,225									
b Less: cost of goods sold		10b	530,293										
c Net income or (loss) from sales of inventory ▶			-193,068						-193,068				
Miscellaneous Revenue			Business Code										
11a Forest Carbon Credit			900099	3,242,448		3,242,448							
b Child Development Lab			624410	540,361						540,361			
c Admin Cost Allowance			900099	388,419						388,419			
d All other revenue				468,695		468,695		0		0			
e Total. Add lines 11a-11d ▶			4,639,923										
12 Total revenue. See instructions ▶			205,202,087		21,528,493		-17,959		74,816,522				

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic organizations and domestic governments. See Part IV, line 21	693,823	693,823		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,266,092	6,266,092		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,214,485	661,741	1,261,525	291,219
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	685,876	457,371	68,898	159,607
7 Other salaries and wages	50,624,998	40,981,119	6,094,204	3,549,675
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,143,051	2,614,596	309,621	218,834
9 Other employee benefits	4,836,413	4,023,246	476,433	336,734
10 Payroll taxes	3,249,728	2,703,338	320,129	226,261
11 Fees for services (non-employees):				
a Management				
b Legal	86,102		86,102	
c Accounting	113,450		113,450	
d Lobbying	16,122	16,122		
e Professional fundraising services. See Part IV, line 17	496,661			496,661
f Investment management fees	558,015		558,015	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	505,272	342,272	163,000	0
12 Advertising and promotion	162,022	118,165	43,857	
13 Office expenses	1,125,680	850,184	218,371	57,125
14 Information technology	2,217,208	120,314	2,096,894	
15 Royalties				
16 Occupancy	1,996,601	1,829,722	118,766	48,113
17 Travel	773,067	567,785	136,265	69,017
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	512,301	408,575	89,549	14,177
20 Interest	908,627	736,022	170,011	2,594
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,597,374	9,096,883	350,605	149,886
23 Insurance	602,691	551,462	36,161	15,068
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Outreach Programs	30,899,899	30,899,899		
b Residence Halls and Food Service	4,802,204	4,802,204		
c Repairs & Maintenance	3,837,394	3,524,544	229,840	83,010
d Boone Tavern	3,262,271	3,262,271		
e All other expenses	8,546,718	6,060,987	1,799,635	686,096
25 Total functional expenses. Add lines 1 through 24e	142,734,145	121,588,737	14,741,331	6,404,077
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		76,893,484	2	82,831,045	
	3	Pledges and grants receivable, net		67,777,891	3	80,285,525	
	4	Accounts receivable, net		1,582,513	4	1,352,491	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		1,167,028	8	1,084,675	
	9	Prepaid expenses and deferred charges		1,793,698	9	2,799,675	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	323,068,269			
	b	Less: accumulated depreciation	10b	136,760,646	185,298,485	10c	186,307,623
	11	Investments—publicly traded securities		1,023,643,600	11	1,118,772,300	
	12	Investments—other securities. See Part IV, line 11		256,250,300	12	162,300,400	
	13	Investments—program-related. See Part IV, line 11		983,068	13	876,051	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		911,614	15	704,065	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,616,301,681	16	1,637,313,850		
Liabilities	17	Accounts payable and accrued expenses		17,101,746	17	15,475,259	
	18	Grants payable			18		
	19	Deferred revenue		191,777	19	252,692	
	20	Tax-exempt bond liabilities		34,895,003	20	31,919,675	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		19,983,770	25	22,820,799	
26	Total liabilities. Add lines 17 through 25		72,172,296	26	70,468,425		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		786,668,125	27	813,909,015	
	28	Net assets with donor restrictions		757,461,260	28	752,936,410	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,544,129,385	32	1,566,845,425	
33	Total liabilities and net assets/fund balances		1,616,301,681	33	1,637,313,850		

Part XI Reconciliation of Net AssetsCheck 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	205,202,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,734,145
3	Revenue less expenses. Subtract line 2 from line 1	3	62,467,942
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,544,129,385
5	Net unrealized gains (losses) on investments	5	-36,431,583
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	-3,320,319
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,566,845,425

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BEREА COLLEGE

Form 990 (2019)

Form 990, Part III, Line 4a:

PUBLIC SERVICE-Aligned with its mission, Berea College has a commitment to engage with Appalachian communities through a variety of in-reach and outreach programs. Four such initiatives-Partners for Education, Grow Appalachia, Brushy Fork Leadership Institute, and the Appalachian Fund-exist primarily on external funds. Partners for Education receives the largest amount of external funding, almost exclusively through the Department of Education, to support cradle-to-career work with 50,000+ pre-K-high school students in Appalachian Kentucky. Private, state, and federal funding supports Grow Appalachia's mission to address food insecurity in central Appalachia, and Brushy Fork Leadership Institute's efforts to identify and support emerging leaders in rural communities are funded through Berea College, contract revenue, and private funding. Finally, the Appalachian Fund sub-grants monies from Berea College's Appalachian Fund endowment each year to improve the health, education, and general welfare of people living in Appalachia.

Form 990, Part III, Line 4b:

INSTRUCTION - EXPENDITURES OF ACADEMIC DEPARTMENTS AND OTHER INSTRUCTION ACTIVITIES BENEFITING APPROXIMATELY 1,600 STUDENTS.

Form 990, Part III, Line 4c:

STUDENT SERVICES - STUDENT SUPPORT SERVICES SUCH AS ADMISSIONS, STUDENT LIFE, HEALTH SERVICES, LABOR PROGRAM, AND FINANCIAL AID.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$ 10,911,288	including grants of \$	(Revenue \$ 8,937,077)
RESIDENCE HALLS AND DINING SERVICE FOR STUDENTS.			

(Code:)	(Expenses \$ 10,419,270	including grants of \$	(Revenue \$ 1,671,717)
ACADEMIC SUPPORT - INCLUDES EXPENDITURES FOR THE ACADEMIC VICE PRESIDENT AND DEAN OF FACULTY'S OFFICE, LIBRARY, MEDIA SERVICES, STUDENT LAPTOP COMPUTER PROGRAM, AND OTHER RELATED ACTIVITIES THAT SUPPORT THE INSTRUCTIONAL MISSION OF THE COLLEGE.			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 6,249,167 including grants of \$ 6,266,092) (Revenue \$ 3,400,000)

STUDENT AID-EXPENDITURES FOR SCHOLARSHIPS, GRANTS AND AWARDS TO STUDENTS. EXPENSES REPORTED INCLUDE PRIMARILY DIRECT STUDENT AID TO ASSIST WITH ROOM AND BOARD, BOOKS AND SUPPLIES. IN ADDITION, ALL DEGREE-SEEKING BEREA COLLEGE STUDENTS RECEIVE A FULL-TUITION SCHOLARSHIP, ALSO KNOWN AS A COST OF EDUCATION SCHOLARSHIP, THAT IS FUNDED PRIMARILY FROM THE SPENDABLE RETURN FROM THE ENDOWMENT. THE AMOUNT OF FULL-TUITION SCHOLARSHIPS FOR THE FISCAL YEAR WAS \$77,114,950. THESE EXPENSES ARE PRIMARILY INCLUDED IN THE AREAS OF INSTRUCTION, STUDENT SERVICES, ACADEMIC SUPPORT, ETC.

(Code:) (Expenses \$ 4,798,330 including grants of \$) (Revenue \$ 2,749,070)

STUDENT INDUSTRIES COST OF OPERATIONS (EXCLUDING COST OF SALES) WHICH PROVIDE LABOR OPPORTUNITIES FOR STUDENTS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 0 including grants of \$) (Revenue \$ 3,242,448)

FOREST CARBON CREDITS-The College participated in a forest carbon project that was approved by the Air Resource Board of California. Most of the credits that were awarded were sold to an energy resource company and the College recognized \$3,242,448 of revenue in the fiscal year. The revenue is reflected in Miscellaneous Revenue in Part VIII.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BLADE VANCE VICE CHAIR	4.0 0	X		X				0	0	0
YAHNG ROBERT T CHAIR	7.0 0	X		X				9,000	0	0
ALLUMSVICKI E TRUSTEE	3.0 0	X						0	0	0
ARMSTRONG CELESTE TRUSTEE	2.0 0	X						0	0	0
BEASON CHARLOTTE F TRUSTEE	2.0 0	X						0	0	0
BONNYMAN ANNE BERRY TRUSTEE	2.0 0	X						0	0	0
BRIDY JOSEPH JOHN TRUSTEE	3.0 0	X						0	0	0
CAMPBELL STEPHEN TRUSTEE	2.0 0	X						0	0	0
CHOW DAVID H TRUSTEE	3.0 0	X						0	0	0
CROWE CHARLES TRUSTEE	2.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CULBRETH M ELIZABETH	2.0									
TRUSTEE	 0	X						0	0	0
EARP SAMANTHA	2.0									
TRUSTEE	 0	X						0	0	0
FLEMING JOHN E	2.0									
TRUSTEE	 0	X						0	0	0
FLOWERS MICHAEL D	2.0									
TRUSTEE	 0	X						0	0	0
HALL DONNA S	2.0									
TRUSTEE	 0	X						0	0	0
JENKINS SCOTT M	3.0									
TRUSTEE	 0	X						0	0	0
JENNINGS GLENN R	2.0									
TRUSTEE	 1.0	X						0	0	0
JOHNSON SHAWN C D	3.0									
TRUSTEE	 0	X						0	0	0
KOH KEN	2.0									
TRUSTEE	 0	X						0	0	0
LAMPTON NANCY	2.0									
TRUSTEE	 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOWE JR EUGENE Y TRUSTEE	3.0 0	X						0	0	0
OLINGER BETTY H TRUSTEE	2.0 0	X						0	0	0
PHILLIPS THOMAS W TRUSTEE	2.0 0	X						0	0	0
PRIDE MIRIAM TRUSTEE	2.0 0	X						0	0	0
RICHARDSON WILLIAM B TRUSTEE	2.0 1.0	X						0	0	0
ROOP DENNIS R TRUSTEE	2.0 0	X						0	0	0
SEABURY II CHARLES WARD TRUSTEE	2.0 0	X						0	0	0
SHELTON DAVID E TRUSTEE	2.0 0	X						0	0	0
SLOAN DAVID TRUSTEE	2.0 0	X						0	0	0
THOMPSON TYLER S TRUSTEE	3.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TUAN ROCKY S	2.0									
TRUSTEE	 0	X						0	0	0
TUFFOUR EMMANUEL A	2.0									
TRUSTEE	 0	X						0	0	0
WALLACE DIANE ARTIST	2.0									
TRUSTEE	 0	X						0	0	0
ZEIGLER STEPHANIE BOWLING	3.0									
TRUSTEE	 1.0	X						0	0	0
AMBURGEY JEFFREY S	50.0									
VICE PRESIDENT FOR FINANCE	 6.0			X				172,240	0	33,870
ASANTE SYLVIA	50.0									
DEAN OF LABOR	 0			X				103,062	0	16,032
BARBOUR CHANNELL (PARTIAL YEAR)	50.0									
VP FOR LABOR AND STUDENT LIFE	 0			X				110,436	0	15,538
BERRY CHAD	50.0									
VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS	 2.0			X				185,054	0	28,129
DOUGLAS BERNADINE (PARTIAL YEAR)	50.0									
VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS	 0			X				160,929	0	26,313
ROELOFS LYLE D	60.0									
PRESIDENT	 2.0			X				366,478	0	52,955

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SADERHOLM MATT DEAN OF FACULTY	50.0 0			X				126,470	0	34,979
SINGLETON DERRICK VP FOR OPERATIONS & SUSTAINABILITY	50.0 1.0			X				175,311	0	36,896
STRONG-LEEK LINDA ASSOCIATE VP FOR ACADEMIC AFFAIRS AND VP FOR DIVERSITY AND INCLUSION	50.0 0			X				147,834	0	25,598
THOMPSON TERI VP FOR STRATEGIC INITIATIVES	50.0 0			X				120,057	0	17,193
WILSON II JUDGE B SECRETARY/GENERAL COUNSEL	40.0 11.0			X				247,739	0	35,837
CHEN HUAPEI CHIEF INFORMATION OFFICER	40.0 0					X		148,758	0	20,893
GENTRY DREAMA EXEC DIR EXT FUNDED PROG	40.0 0					X		120,811	0	33,912
HACBERT PETER PROFESSOR/CO-DIR OF EPG	40.0 0					X		130,779	0	18,898
KENNISON MONICA CHAIR OF NURSING	40.0 0					X		147,103	0	35,183
LAWSON STEVE ASSOC VP FOR HUMAN RESOURCES	40.0 0					X		123,762	0	18,159

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BURNSIDE VIRGIL FORMER VP FOR LABOR AND STUDENT LIFE	0.0 0						X	148,368	0	15,215

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	88,934,764	76,548,667	81,566,950	88,443,258	108,875,031	444,368,670
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	88,934,764	76,548,667	81,566,950	88,443,258	108,875,031	444,368,670
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						111,594,615
6	Public support. Subtract line 5 from line 4.						332,774,055

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	88,934,764	76,548,667	81,566,950	88,443,258	108,875,031	444,368,670
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,144,409	24,580,008	29,918,434	31,376,098	25,743,317	133,762,266
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,146,818	1,242,983	1,422,703	1,430,899	1,266,005	6,509,408
11	Total support. Add lines 7 through 10						584,640,344
12	Gross receipts from related activities, etc. (see instructions)						12 101,517,070

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	56.92 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	56.2 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities 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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2018. 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 ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - GROSS SALES OF INVENTORY, COLUMN A - 540964.0, COLUMN B - 364642.0, COLUMN C - 587283.0, COLUMN D - 343789.0, COLUMN E - 337225.0, COLUMN F - 2173903.0; DESCRIPTION - OTHER EXCLUDED REVENUE, COLUMN A - 605854.0, COLUMN B - 878341.0, COLUMN C - 835420.0, COLUMN D - 1087110.0, COLUMN E - 928780.0, COLUMN F - 4335505.0;

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization BEREA COLLEGE	Employer identification number 61-0444650
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,122
j	Total. Add lines 1c through 1i			16,122
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	General lobbying of US Congress in support of education related appropriation projects. Work colleges lobbying services provided by Arent Fox LLC in the amount of \$16,122.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ 282,415

(ii) Assets included in Form 990, Part X ► \$ 5,029,745

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☐

Loan or exchange programs

e

☒

Other Education

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

1,218,740,000

1,192,078,100

1,150,360,300

1,050,679,900

1,101,475,900

26,190,451

18,203,417

19,268,152

16,605,934

14,678,487

36,341,127

66,186,565

77,347,210

136,624,287

-12,863,902

44,977,231

44,227,541

44,761,545

42,588,310

40,212,459

13,569,232

12,607,087

9,280,623

10,100,589

11,532,796

558,015

893,454

855,394

860,922

865,330

1,222,167,100

1,218,740,000

1,192,078,100

1,150,360,300

1,050,679,900

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment

51.95 %

b

Permanent endowment

20.61 %

c

Temporarily restricted endowment

27.44 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Yes

No

3a(i)

No

3a(ii)

No

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

3,479,846

290,267,216

29,321,207

117,637,319

19,123,327

3,479,846

172,629,897

10,197,880

Total.

Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

186,307,623

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SPECIAL OPPORTUNITIES	25,517,100	F
(B) REAL ESTATE	2,766,700	F
(C) HEDGE FUNDS	44,334,400	F
(D) Private Equity	89,682,200	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	162,300,400	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	22,820,799

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	159,495,956
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-36,431,583
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-791,072
e	Add lines 2a through 2d	2e	-37,222,655
3	Subtract line 2e from line 1	3	196,718,611
4	Amounts 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	4a	558,015
b	Other (Describe in Part XIII.)	4b	7,925,461
c	Add lines 4a and 4b	4c	8,483,476
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	205,202,087

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	136,779,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	852,953
e	Add lines 2a through 2d	2e	852,953
3	Subtract line 2e from line 1	3	135,926,963
4	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	4a	558,015
b	Other (Describe in Part XIII.)	4b	6,249,167
c	Add lines 4a and 4b	4c	6,807,182
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	142,734,145

Part XIII Supplemental Information

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	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BERE A COLLEGE

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
FUTURE PYMT LIAB FOR ANNUITIES	13,350,600
AGENCY FUNDS	835,593
REVOCABLE GIFT AGREEMENTS	61,000
WORKERS COMP - LONG TERM PORTION	66,000
INTEREST RATE SWAP	7,203,000
457(B) PLAN	356,554
Asset Retirement Obligation LT	846,401
Deferred Financing Expenses	-253,228
Capital Leases	354,879

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE COLLEGE ART COLLECTION WAS ESTABLISHED IN 1935 AS A TEACHING COLLECTION WITH THE PURPOSE OF PROVIDING BERA COLLEGE STUDENTS WITH THE BEST EXAMPLES OF ART AND ARTIFACTS FROM AROUND THE WORLD. CURRENTLY, THE ART COLLECTION IS MADE UP OF MORE THAN 12,000 PIECES OF ART AND ARTIFACTS OF CULTURAL SIGNIFICANCE. INCLUDED IN THE COLLECTION ARE PAINTINGS AND PRINTS BY EUROPEAN MASTERS, CONTEMPORARY POTTERY, APPALACHIAN TEXTILES, JAPANESE AND CHINESE PRINTS AND SCROLLS, COINS, MEDALS, AND JEWELRY; COSTUMES AND ACCESSORIES; DOLLS, TOYS, MUSICAL INSTRUMENTS; AND TOOLS AND WEAPONS. THE BERA COLLEGE ART COLLECTION IS MADE ACCESSIBLE TO THE CAMPUS AND SURROUNDING COMMUNITIES WITH THE GOAL OF PROVIDING RICH OPPORTUNITIES TO EXPERIENCE THE VISUAL ARTS FOR ALL OF THE COMMUNITIES THAT BERA COLLEGE SERVES. BERA COLLEGE MAINTAINS AND MAKES AVAILABLE A COLLECTION OF ARTIFACTS TO SUPPORT TEACHING AND RESEARCH ON APPALACHIA. THE APPALACHIAN ARTIFACTS COLLECTION CONTAINS NEARLY 3,000 OBJECTS DOCUMENTING LIFE IN THE REGION. ARTIFACT COLLECTIONS INCLUDE: MOUNTAIN REGION LIFE CIRCA 1850-1940; REGIONAL CRAFT TRADITIONS, ESPECIALLY TEXTILES, POTTERY AND WOODWORKING; STEREOTYPES OF APPALACHIAN PEOPLE; AND BERA COLLEGE HISTORY.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	BEREA PROVIDES FROM ITS ENDOWMENT AND OTHER SOURCES, A TUITION PROMISE SCHOLARSHIP FOR EVERY ADMITTED STUDENT EACH YEAR, MEANING THAT NO STUDENT EVER PAYS TUITION. IN ADDITION TO ACADEMIC REQUIREMENTS FOR ADMISSION, THERE ARE ALSO FINANCIAL ELIGIBILITY REQUIREMENTS FOR ADMISSION, SINCE THE COLLEGE SEEKS TO SERVE ACADEMICALLY PROMISING STUDENTS WHO CANNOT AFFORD THE COST OF HIGHER EDUCATION. NEARLY 70 PERCENT OF THE ANNUAL ENDOWMENT SPENDABLE RETURN IS USED TO FUND THESE TUITION PROMISE SCHOLARSHIPS AND OTHER DIRECT FINANCIAL AID TO STUDENTS. STUDENTS ATTENDING THE COLLEGE RECEIVE ON AVERAGE SCHOLARSHIPS AND GRANT AID ADDING UP TO MORE THAN 92 PERCENT OF THEIR ANNUAL COST OF ATTENDANCE. THE USE OF THE SPENDABLE RETURN FROM DONOR-RESTRICTED ENDOWMENTS OR TRUE ENDOWMENT FUNDS ARE NORMALLY ESTABLISHED BY THE DONOR AND ACCEPTED BY THE COLLEGE IN AN ENDOWMENT FUND AGREEMENT. MOST OF BEREAS TRUE ENDOWMENTS ARE RESTRICTED TO SUPPORT THE COST OF EDUCATION (KNOWN AS TUITION TO OTHER SCHOOLS), OR TO PROVIDE DIRECT FINANCIAL AID TO STUDENTS TO HELP PAY ROOM AND BOARD. IN OTHER CASES, SOME ENDOWMENTS ARE MORE RESTRICTIVE. FOR EXAMPLE, THE ANNUAL SPENDABLE RETURN FROM ONE OF BEREAS ENDOWMENT FUNDS SUPPORTS A PROGRAM ON CAMPUS THAT PROVIDES A LAPTOP COMPUTER TO EVERY STUDENT. ANOTHER ENDOWMENT FUND GOES BEYOND THE CAMPUS COMMUNITY ITSELF BY PROVIDING OUTREACH SUPPORT TO OTHER NON-PROFIT ORGANIZATIONS IN UNDER-SERVED RURAL APPALACHIA. THIS ENDOWMENT FUND HELPS THE COLLEGE CARRY OUT ITS EIGHTH GREAT COMMITMENT OF SERVING APPALACHIA THROUGH EDUCATION AND OTHER APPROPRIATE MEANS.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	BEREA COLLEGE HAS A DETERMINATION FROM THE INTERNAL REVENUE SERVICE THAT IT IS A NOT-FOR-P ROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, THE COLLEGE IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSIN ESS INCOME. NO PROVISION FOR INCOME TAX HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEM ENTS. GAAP REQUIRES THE COLLEGE TO EVALUATE TAX POSITIONS TAKEN BY THE COLLEGE AND RECOGNI ZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIK ELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS. THE COLLEGE HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXIN G JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TH E COLLEGE BELIEVES IT IS NO LONGER SUBJECT TO INCOME EXAMINATIONS FOR YEARS PRIOR TO 2017.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Cost of sales - 530293 Rental Expenses - 322660 Current Year's Adjustment on future annuit y payments - 751299 Contributions to BCSH - -73324 Change in funds held by others - -19600 0 Interest rate swaps - -2126000

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Student Aid Grants - 6249167 Payments to Annuitants - 1676294

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Cost of sales - 530293 Rental Expenses - 322660

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Student Aid Grants - 6249167

SCHEDULE E (Form 990 or 990-EZ)	Schools ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990EZ for the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Name of the organization BEREA COLLEGE	Employer identification number 61-0444650
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Part I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	No
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Yes
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
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? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
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.	7	Yes

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THIS NEWSPAPER/BROADCAST MEDIA PUBLICATION REQUIREMENT IS NOT APPLICABLE TO BEREA COLLEGE BECAUSE IT CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF STUDENTS FROM A LARGE PORTION OF THE SOUTH CENTRAL AND SOUTHEASTERN UNITED STATES AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO ITS STUDENTS. ADDITIONALLY, IT CURRENTLY ENROLLS MEANINGFUL NUMBERS OF RACIAL AND ETHNIC MINORITIES. (CONTINUED IN PART II)
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	BEREA COLLEGE RECEIVES FEDERAL STUDENT AID ON BEHALF OF ENROLLED STUDENTS. THE COLLEGE ALSO RECEIVES AN APPROPRIATION THROUGH ITS DESIGNATION AS A WORK COLLEGE.
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	(CONTINUED) THE COLLEGE'S PROMOTIONAL AND RECRUITING EFFORTS ARE PURPOSEFULLY DESIGNED TO INFORM PROSPECTIVE STUDENTS OF ITS NONDISCRIMINATORY POLICY AND THE RACIAL AND ETHNIC DIVERSITY OF THE SCHOOL.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			128,646,762
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			128,646,762

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The College occasionally provides assistance to international students traveling to the US to attend Berea College. Funds used to provide travel assistance are paid from the spendable return of an endowed fund, received by a donor. The account is monitored by the Center for International Education and all funds not used in one fiscal year are then carried over to the next fiscal year. Once a student has expressed a need for travel assistance, the Center for International Education will review the student's initial application to validate need. A student can be awarded the full cost of the travel or only receive a portion. The Center for International Education will make the travel arrangements on behalf of the student. A student can only receive travel assistance once. By donor request, the student is not made aware of the help received until he/she graduates. The student's name and country is also sent to the Development Office, who will also notify the donor of funds used. The student's name, country, and year that funding was received, is also kept on record at the Center for International Education.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	The College occasionally provides assistance to international students traveling to the US to attend Berea College. Funds used to provide travel assistance are paid from the spendable return of an endowed fund, received by a donor. The account is monitored by the Center for International Education and all funds not used in one fiscal year are then carried over to the next fiscal year. Once a student has expressed a need for travel assistance, the Center for International Education will review the student's initial application to validate need. A student can be awarded the full cost of the travel or only receive a portion. The Center for International Education will make the travel arrangements on behalf of the student. A student can only receive travel assistance once. By donor request, the student is not made aware of the help received until he/she graduates. The student's name and country is also sent to the Development Office, who will also notify the donor of funds used. The student's name, country, and year that funding was received, is also kept on record at the Center for International Education.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 61-0444650

Name: BEREА 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
Central America and the Caribbean			Investments		123,776,000
Europe (Including Iceland and Greenland)			Investments		4,724,000

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
Central America and the Caribbean			Program Services	STUDY ABROAD	12,500
East Asia and the Pacific			Program Services	STUDY ABROAD	13,992

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)			Program Services	STUDY ABROAD	118,770
North America (Canada & Mexico only)			Program Services	STUDY ABROAD	1,500

2019

Open to Public Inspection

61-0444650

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Yes ☐ No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Line 2b(ii) Describe the custody or control arrangement.	AMERGENT-NA;GUIDE BY CELL INC.-N/A;

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
BEREA COLLEGE

Employer identification number

61-0444650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 38

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS/STUDENT AID GRANTS- THE AMOUNT OF FULL TUITION SCHOLARSHIPS FOR THE FISCAL YEAR WAS \$77,114,950	1652	6,249,167			
(2) BRUSHY FORK ANNUAL INSTITUTE SCHOLARSHIPS - AWARDED TO PARTICIPANTS TO ATTEND ANNUAL INSTITUTE, A LEADERSHIP AND COMMUNITY DEVELOPMENT TRAINING EVENT, HOSTED BY BRUSHY FORK.	58	16,925			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ALL GRANT APPLICATIONS ARE KEPT IN STORAGE FOR SEVEN YEARS. PREVIOUSLY UNFUNDED APPLICANTS FOR GRANT MONIES FROM BERE A COLLEGE APPALACHIAN FUND (BCAF) FOLLOW CRITERIA AND A FORMAT WHICH ARE CLEARLY STATED ON THE PROGRAM WEBSITE: HTTP://WWW.BERE A.EDU/APPALACHIANFUND/APPLYINGFORGRANT.ASP . PREVIOUSLY FUNDED APPLICANTS MUST PROVIDE A DETAILED REPORT ON THE USE OF THE PREVIOUS YEAR'S GRANT FUNDING. THIS FORMAT AND CRITERIA ARE LOCATED ON THE SAME LOCATION OF THE BCAF WEBSITE. IN ADDITION, THE BCAF SPONSORS A GRANTEE CONFERENCE EACH SPRING WHEN ALL GRANTEES FOR THAT YEAR MEET AND CONDUCT PUBLIC PRESENTATIONS OF THEIR GRANT FUNDED WORK. THE BCAF IS IN REGULAR CONTACT WITH GRANTEES THROUGHOUT THE YEAR, VISITING EACH NEW GRANTEE AND REPEAT GRANTEES WHERE POSSIBLE. The staff of Grow Appalachia, including the director and two assistant directors, all individually review funding proposals from the potential partner sites for quality of programming, outreach activities and budget line items. This staff then meet as a group and discuss each proposal and either approve them as submitted, reject them out of hand, accept them conditionally asking for clarification or request more information to allow a sound decision. When the information requests are met the staff meet again and either accept or reject the proposal. Grow Appalachia also has an advisory board consisting of college and non-college members who are kept informed of Grow Appalachia's activities and program direction and who then offer advice and counsel for the program. FEDERAL, STATE, INSTITUTIONAL AND OTHER GRANTS ARE AWARDED TO STUDENTS BASED ON FINANCIAL INFORMATION GAINED FROM THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) THAT IS COMPLETED EACH YEAR. A THIRD-PARTY SOFTWARE VENDOR PROVIDES THE FEDERAL REGULATIONS BY WHICH GRANTS ARE GIVEN. THE FAFSA INFORMATION COMES FROM ELECTRONIC FILES WHICH ARE PASSWORD PROTECTED.ALL STUDENT APPLICATIONS FOR GRANTS ARE STORED ELECTRONICALLY AND ARE PASSWORD PROTECTED. DISBURSEMENTS ARE REVIEWED DAILY TO INSURE ACCURACY.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BEREА COLLEGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 100 Ireland Way Ste 300 Birmingham, AL 35205	64-0329009	501(C)(3)	11,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Appalachian Artisan Center of Kentucky PO Box 833 Hindman, KY 41822	61-1369294	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Appalachian NE-TN Resource Conservation and Development Council 3211 N Roan St Johnson City, TN 37601	62-1590577	501(C)(3)	20,282				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Appalachian Sustainable Development 121 Russell Rd Abingdon, VA 24210	31-1445533	501(C)(3)	22,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bethany House Abuse Center PO Box 864 Somerset, KY 42502	61-1276558	501(C)(3)	15,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Bobtown Arts Inc 132 Smith Lane Berea, KY 40403	46-3632757	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Center of the Cumberlands PO Box 4314 Oneida, TN 37841	62-1873070	501(C)(3)	16,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
County of Wise PO Box 1308 Wise, VA 24293	54-6001688	501(C)(3)	18,833				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cowan Community Action Group 85 Sturgill Branch Whitesburg, KY 41858	61-1396831	501(C)(3)	12,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Cumberland Valley Domestic Violence Services Inc 3100 Hwy 30 Bypass London, KY 40741	47-2379743	501(C)(3)	15,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Kentucky Child Care Coalition PO Box 267 Berea, KY 40403	61-1180221	501(C)(3)	8,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Frontier Nursing University 195 School St Hyden, KY 41749	61-1124267	501(C)(3)	10,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Kentucky's Wilderness Road 2277 Executive Dr Lexington, KY 40505	61-0608104	501(C)(3)	6,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Henderson Settlement Inc PO Box 205 Hwy 190 Frakes, KY 40940	61-0674965	501(C)(3)	12,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
High Rocks Educational Corp HC 64 Box 438 Hillsboro, WV 24946	55-0743755	501(C)(3)	32,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Hindman Settlement Inc PO Box 844 Hindman, KY 41822	61-0447248	501(C)(3)	41,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospice Care Plus 208 Kidd Dr Berea, KY 40403	31-1038258	501(C)(3)	20,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Hospice of the Bluegrass 57 Dennis Sandlin Md Cove Hazard, KY 41701	61-0978097	501(C)(3)	12,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Housing Development Alliance Inc 2871 North Main St Hazard, KY 41701	61-1235334	501(C)(3)	13,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Judis Place for Kids Inc 128 South College St Pikeville, KY 41501	61-1366084	501(C)(3)	16,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Diabetes Camp for Children Inc 1640 Lyndon Farm Court Louisville, KY 40223	27-3619275	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Kentucky River Child Advocacy Center 465 Cedar St Hazard, KY 41701	61-1367930	501(C)(3)	16,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lend-A-Center Inc 3234 KY 718 Walker, KY 40997	61-0675390	501(C)(3)	5,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Linwood Community Daycare PO Box 720 Slatyfork, WV 26291	46-1033746	501(C)(3)	16,301				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Magoffin County Cooperative Extension Service PO Box 349 Salyersville, KY 41465	61-1052799	Ky State Govt Entity	11,250				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
New Opportunity School 204 Chestnut St Berea, KY 40403	61-1323868	501(C)(3)	25,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Owsley County Board of Education RR3 Box 340 Booneville, KY 41314	61-6001246	Ky State Govt Entity	12,800				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Pine Mountain Settlement School 36 Hwy 510 Bledsoe, KY 40810	61-0444789	501(C)(3)	42,250				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Red Bird Mountain Medical Center 53 Queendale Center Beverly, KY 40913	61-0945454	501(C)(3)	20,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Roman Catholic Diocese of Lexington 203 South Central Ave Lexington, KY 42501	61-1132894	501(C)(3)	7,500				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Scott Christian Care Center PO Box 5373 Oneida, TN 37841	45-3574908	501(C)(3)	47,088				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
St Vincent Mission Inc PO Box 232 David, KY 41616	61-0961940	501(C)(3)	16,519				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Step by Step Inc 1701 Fifth Ave Charleston, WV 25312	55-0746556	501(C)(3)	53,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
Sustainable Berea Inc PO Box 1302 Berea, KY 40403	02-0769242	501(C)(3)	7,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Childrens Home Society of West Virginia Inc 1422 Kanawha Blvd E Charleston, WV 25301	55-0360199	501(C)(3)	7,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
The David School PO Box 1 David, KY 41616	31-0889471	501(C)(3)	37,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Turning Point Domestic Violence Services Inc PO Box 1297 Prestonsburg, KY 41653	47-2369354	501(C)(3)	15,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION
UK Diabetes in Children 219 Sturgill Development Bldg Lexington, KY 40506	61-6001218	Ky State Govt Entity	13,000				SUPPORT OF ORGANIZATION WORKING TO IMPROVE GENERAL WELFARE WITHIN THE APPALACHIAN REGION

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization BEREA COLLEGE		Employer identification number 61-0444650

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 listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
☒ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☒ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☒ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

[illegible]

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
Schedule J, Part I, Line 1a Travel for companions	THE EMPLOYMENT AGREEMENT FOR THE VICE PRESIDENT FOR FINANCE ALLOWS FOR THE REIMBURSEMENT OF TRAVEL EXPENSES FOR AN INDIVIDUAL ACCOMPANYING THE VICE PRESIDENT DURING TRAVEL TO PROVIDE ASSISTANCE NEEDED DUE TO PHYSICAL DISABILITIES. CURRENTLY, THE PRIMARY PERSON PROVIDING THIS ASSISTANCE IS THE SPOUSE OF THE VICE PRESIDENT; HOWEVER THIS ASSISTANCE IS NOT LIMITED TO A PARTICULAR INDIVIDUAL. SPOUSAL TRAVEL IS NOT TREATED AS A TAXABLE BENEFIT.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	THE PRESIDENT OF BEREA COLLEGE IS REQUIRED TO LIVE IN CAMPUS PROVIDED HOUSING TO ALLOW THE PRESIDENT TO BE AVAILABLE FOR ALL COLLEGE AND CAMPUS NEEDS, AND IN ORDER TO HOST OFFICIAL MEETINGS AND EVENTS. PURSUANT TO IRC119, THE PRESIDENT'S HOUSING HAS NOT BEEN TREATED AS TAXABLE INCOME.
Schedule J, Part I, Line 1a Personal services	BEREA COLLEGE IS RESPONSIBLE FOR FURNISHING AND MAINTAINING THE HOUSE FOR THE PRESIDENT. THE PRESIDENT RECEIVES HOUSEKEEPING AND CHEF SERVICES WHEN PREPARING FOR OFFICIAL MEETINGS AND EVENTS.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BERA COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BURNSIDE VIRGIL FORMER VP FOR LABOR AND STUDENT LIFE	(i)	146,238	0	2,130	11,783	3,432	163,583	0
	(ii)	0	0	0	0	0	0	0
1ROELOFS LYLE D PRESIDENT	(i)	335,628	0	30,850	22,400	30,555	419,433	0
	(ii)	0	0	0	0	0	0	0
2WILSON II JUDGE B SECRETARY/GENERAL COUNSEL	(i)	245,519	0	2,220	20,026	15,811	283,576	0
	(ii)	0	0	0	0	0	0	0
3AMBURGEY JEFFREY S VICE PRESIDENT FOR FINANCE	(i)	170,266	0	1,974	14,310	19,560	206,110	0
	(ii)	0	0	0	0	0	0	0
4BERRY CHAD VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS	(i)	182,117	0	2,937	14,898	13,231	213,183	0
	(ii)	0	0	0	0	0	0	0
5DOUGLAS BERNADINE (PARTIAL YEAR) VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS	(i)	156,142	0	4,787	13,175	13,138	187,242	0
	(ii)	0	0	0	0	0	0	0
6SADERHOLM MATT DEAN OF FACULTY	(i)	125,768	0	702	10,067	24,912	161,449	0
	(ii)	0	0	0	0	0	0	0
7SINGLETON DERRICK VP FOR OPERATIONS & SUSTAINABILITY	(i)	173,891	0	1,420	14,462	22,434	212,207	0
	(ii)	0	0	0	0	0	0	0
8STRONG-LEEK LINDA ASSOCIATE VP FOR ACADEMIC AFFAIRS AND VP FOR DIVERSITY AND INCLUSION	(i)	146,686	0	1,148	12,038	13,560	173,432	0
	(ii)	0	0	0	0	0	0	0
9GENTRY DREAMA EXEC DIR EXT FUNDED PROG	(i)	120,176	0	635	10,267	23,645	154,723	0
	(ii)	0	0	0	0	0	0	0
10KENNISON MONICA CHAIR OF NURSING	(i)	145,386	0	1,717	11,530	23,653	182,286	0
	(ii)	0	0	0	0	0	0	0
11CHEN HUAPEI CHIEF INFORMATION OFFICER	(i)	147,556	0	1,202	12,114	8,779	169,651	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEREA COLLEGE

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
61-0444650

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787	083536BE1	12-11-2003	10,240,000	VARIOUS CAPITAL PROJECTS & REFUND BONDS ISSUED 3/16/1994		X		X		X
B CITY OF BERA KENTUCKY (SCHEDULE 1)	61-6001787		09-21-2012	10,000,000	CONSTRUCT RESIDENCE HALL AND REFUND BONDS ISSUED 2008 FOR RENOVATION		X		X		X
C COUNTY OF GARRARD KENTUCKY (SCHEDULE 1)	61-6000835		12-27-2012	7,621,900	REFUND BONDS ISSUED 2003 FOR VARIOUS CAPITAL PROJECTS		X		X		X
D COUNTY OF ESTILL KENTUCKY (SCHEDULE 1)	61-6000826	29755CAV1	04-10-2013	8,945,000	REFUND BONDS ISSUED 2003 FOR VARIOUS CAPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	5,400,000		7,610,393		4,696,634		405,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	10,253,342		10,002,493		7,621,900		8,978,676	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		97,143	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	5,017,092		6,673,881		0		0	
11	Other spent proceeds	5,236,250		3,328,612		7,621,900		8,881,533	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2004		2013		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		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?		X		X		X		X
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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 %		0 %		0 %		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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
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?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	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		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?			X		X		X	
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BANK OF NEW YORK MELLON							
c	Term of hedge	2600 %							
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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-mediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds include the following investment earnings amounts	Schedule 1: Column A: \$13,342 Column B: \$2,493

Return Reference	Explanation
Schedule K, Part IV, Line 2b County of Garrard, Kentucky	Schedule 1, Column C: There were no investment of proceeds, therefore, no refund calculation required.

Return Reference	Explanation
Schedule K, Part IV, Line 2b CITY OF BEREA, KENTUCKY	Schedule 2, Column A: There were no investment of proceeds, therefore, no refund calculation required.

Return Reference	Explanation
Schedule K, Part IV, Line 2b COUNTY OF ESTILL, KENTUCKY	Schedule 1, Column D: There were no investment of proceeds, therefore, no refund calculation required.

Return Reference	Explanation
Schedule K, Part IV, Line 2b City of Berea, Kentucky	Schedule 1, Column B: There were no investment of proceeds, therefore, no refund calculation required.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: CITY OF BEREA, KENTUCKY (SCHEDULE 1) The calculation for computing no rebate due was performed on 10/29/2008

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEREA COLLEGE

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

61-0444650

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF BERA KENTUCKY (SCHEDULE 2)	61-6001787		05-12-2015	6,435,000	REFUND BONDS ISSUED 9/27/2005 FOR CENTRAL HEAT PLANT AND VARIOUS CAPITAL PROJECTS		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	3,045,199							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	6,435,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	6,435,000							
12	Other unspent proceeds	0							
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	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?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
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?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c 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							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X							
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							

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

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BEREА COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAUREN ROELOFS	PRESIDENT'S SPOUSE	68,898	SALARY: LAUREN ROELOFS IS THE SPOUSE OF PRESIDENT LYLE D. ROELOFS AND IS EMPLOYED BY BEREА COLLEGE AS SPECIAL ASSISTANT TO THE PRESIDENT. COMPENSATION AND BENEFITS ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. DUTIES INCLUDE: SUPERVISE AND BE RESPONSIBLE FOR USE OF THE PRESIDENT'S HOME AND EXTENDING HOSPITALITY TO STUDENTS, FACULTY, STAFF, ALUMNI, TRUSTEES AND VISITORS TO CAMPUS; MANAGE THE EXPENDITURE OF ALL FUNDS ALLOCATED FOR THE PRESIDENT'S HOME; ASSIST THE PRESIDENT IN BUILDING POSITIVE RELATIONSHIPS WITHIN THE COLLEGE COMMUNITY AND THE CITIZENS OF BEREА AND MADISON COUNTY; TRAVEL WITH THE PRESIDENT ON MATTERS OF OFFICIAL COLLEGE BUSINESS; AND ASSIST THE PRESIDENT, AS APPROPRIATE, IN THE CULTIVATION OF GIFTS TO THE COLLEGE THROUGH PRIVATE DONORS, FOUNDATIONS AND BUSINESS ORGANIZATIONS.		No
(1) JACKIE BURNSIDE	FORMER VICE PRESIDENT FOR LABOR AND STUDENT LIFE'S SPOUSE	122,491	SALARY: JACKIE BURNSIDE IS THE SPOUSE OF FORMER VICE PRESIDENT FOR LABOR AND STUDENT LIFE VIRGIL BURNSIDE AND IS EMPLOYED BY BEREА COLLEGE AS A PROFESSOR OF SOCIOLOGY. COMPENSATION AND BENEFITS ARE DETERMINED BY THE DEAN OF THE FACULTY.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) LISA BERRY	VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS' SPOUSE	80,287	SALARY: LISA BERRY IS THE SPOUSE OF VICE PRESIDENT FOR ALUMNI AND COLLEGE RELATIONS CHAD BERRY AND IS EMPLOYED BY BEREА COLLEGE AS A GIFT OFFICER. COMPENSATION AND BENEFITS ARE DETERMINED BY THE VICE PRESIDENT FOR STRATEGIC INITIATIVES.		No
(1) Joslyn Glover	Daughter of Board of Trustee Member	105,482	Joslyn Glover is employed by Berea College as the Title VII/Title IX coordinator; she is the daughter of Board of Trustee member, Betty Olinger. Compensation and benefits are determined by the academic vice president/Provost and Dean.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Rhonda Johns	Sister of Board of Trustee Member	79,320	Rhonda Johns is employed by Berea College as the Manager of Data and Analytics in Advancement Services; she is the sister of Board of Trustee member, Glenn Jennings. Compensation and benefits are determined by the vice president Alumni/college relations		No
(1) RACHEL BURNSIDE	DAUGHTER, FORMER VP LABOR AND STUDENT LIFE	18,457	SALARY: RACHEL BURNSIDE IS THE DAUGHTER OF FORMER VICE PRESIDENT FOR LABOR AND STUDENT LIFE VIRGIL BURNSIDE AND IS EMPLOYED BY BEREA COLLEGE AS AN AREA COORDINATOR OF RESIDENCE HALLS. COMPENSATION AND BENEFITS ARE DETERMINED BY THE VICE PRESIDENT OF LABOR AND STUDENT LIFE.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) AARON BEALE	VICE PRESIDENT FOR STRATEGIC INITIATIVES' SPOUSE	95,398	SALARY: AARON BEALE IS THE SPOUSE OF VICE PRESIDENT FOR STRATEGIC INITIATIVES TERI THOMPSON AND IS EMPLOYED BY BERA COLLEGE AS THE DIRECTOR OF CRAFTS EDUCATION OUTREACH. COMPENSATION AND BENEFITS ARE DETERMINED BY THE VICE PRESIDENT OF OPERATIONS AND SUSTAINABILITY.		No
(1) JON SADERHOLM	DEAN OF FACULTY'S BROTHER	103,550	SALARY: JON SADERHOLM IS THE BROTHER OF THE DEAN OF FACULTY MATT SADERHOLM AND IS EMPLOYED BY BERA COLLEGE AS ASSOCIATE PROFESSOR OF EDUCATION STUDIES. COMPENSATION AND BENEFITS ARE DETERMINED BY THE ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRS AND VICE PRESIDENT FOR DIVERSITY AND INCLUSION.		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) KIMBERLY SADERHOLM	DEAN OF FACULTY'S SISTER-IN-LAW	11,993	SALARY: KIMBERLY SADERHOLM IS THE SISTER-IN-LAW OF THE DEAN OF FACULTY MATT SADERHOLM AND IS EMPLOYED BY BEREA COLLEGE AS ASSOCIATE PROFESSOR OF EDUCATION STUDIES. COMPENSATION AND BENEFITS ARE DETERMINED BY THE ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRS AND VICE PRESIDENT FOR DIVERSITY AND INCLUSION.		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	282,415	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		70,461	Other
5 Clothing and household goods	X		625	Other
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	101	2,883,005	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	1,150	Other - DONOR VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	2	2	Other - DONOR VALUE
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Craft materials)	X	1	9,900	Other - DONOR VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

2

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - Number of contributions received Books and publications - Reporting the number of contributions received Clothing and household goods - Number of contributions received Historical artifacts - Number of contributions received Securities - Publicly traded - Number of contributions received Collectibles - Number of contributions

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493117003161
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization BEREA COLLEGE		Employer identification number 61-0444650	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	(CONTINUED FORM 990, PART III, LINE 1) BERE A COLLEGE DEMONSTRATES WHAT THE WORLD CAN BE LI KE WHEN INDIVIDUALS LIVE OUT A COMMITMENT OF IMPARTIAL LOVE BUILT UPON A SIMPLE TENET: GOD HAS MADE OF ONE BLOOD ALL PEOPLES OF THE EARTH. BERE A'S PRIMARY SERVICE AREA IS KENTUCKY AND THE SOUTHERN APPALACHIAN REGION, FROM WHICH IT DRAWS BETWEEN 70 AND 80 PERCENT OF ITS STUDENTS EACH YEAR. THE BALANCE COME FROM 40-PLUS STATES AND 70-PLUS COUNTRIES, REPRESENTI NG A RICH DIVERSITY OF COLORS, CULTURES, AND FAITHS. ALMOST 40 PERCENT OF STUDENTS ARE OF COLOR, AND MORE THAN 60 PERCENT OF FIRST-YEAR STUDENTS COME FROM FAMILIES WHERE NEITHER PA RENT HAS A COLLEGE DEGREE. IN ADDITION, MORE THAN 50 PERCENT OF ENTERING STUDENTS HAVE AN EXPECTED FAMILY CONTRIBUTION (EFC) OF \$0, MEANING THE FAMILY CAN PROVIDE NO MONIES TOWARD THE COST OF EDUCATION; HENCE, APPROXIMATELY 98 PERCENT OF BERE A COLLEGE'S DOMESTIC STUDENT S ARE PELL GRANT ELIGIBLE. AS A FUNDAMENTAL AND INTEGRAL PART OF BERE A'S COLLEGE'S MISSION AND EXEMPT PURPOSE, TUITION PROMISE SCHOLARSHIPS (NO BERE A STUDENT PAYS TUITION) ARE FUND ED DIRECTLY FROM THE SPENDABLE RETURN ON THE COLLEGE'S ENDOWMENT. THIS AMOUNTS TO BETWEEN 70-75 PERCENT OF THE NET EDUCATIONAL AND GENERAL OPERATING BUDGET. CONTRIBUTIONS FROM DONO RS TO BERE A'S ANNUAL FUND PROVIDE ANOTHER 10 PERCENT OF THE BUDGET. IN ADDITION TO THE TUI TION PROMISE SCHOLARSHIPS FOR EVERY ADMITTED STUDENT, BERE A COLLEGE ALSO PROVIDES INSTITUT IONAL GRANT AID TO ASSIST STUDENTS WITH HOUSING, MEALS, BOOKS, AND SUPPLIES. BERE A COLLEGE IS NATIONALLY RECOGNIZED FOR ACADEMICS AND FOR SERVICE-LEARNING, AND IN 2018 WASHINGTON M ONTHLY MAGAZINE RANKED BERE A THE #1 LIBERAL ARTS COLLEGE FOR ITS CONTRIBUTIONS TO THE PUBL IC GOOD. IT OFFERS RIGOROUS UNDERGRADUATE ACADEMIC PROGRAMS LEADING TO BACHELOR OF ARTS AN D BACHELOR OF SCIENCE DEGREES IN 32 FIELDS. AS ONE OF EIGHT FEDERALLY RECOGNIZED WORK COLL EGES IN THE UNITED STATES, BERE A REQUIRES ALL STUDENTS TO WORK A MINIMUM OF TEN HOURS PER WEEK. STUDENTS RECEIVE PAYMENT FOR THEIR WORK THAT IS USED TO HELP PAY FOR HOUSING, MEALS, BOOKS, AND SUPPLIES. IN AN ATMOSPHERE OF DEMOCRATIC LIVING EMPHASIZING THE DIGNITY OF ALL WORK, BERE A STUDENTS ARE EMPLOYED IN MORE THAN 120 AREAS ON CAMPUS PROVIDING ESSENTIAL WO RK TO OPERATE THE COLLEGE. AS A COMPLEMENT TO THEIR ACADEMIC LEARNING, EACH STUDENT LEARNS USEFUL SKILLS AND DEVELOPS A STRONG WORK ETHIC, ATTRIBUTES THAT POTENTIAL EMPLOYERS VALUE AS WELL. In December 2019, a novel strain of coronavirus (COVID-19) surfaced in Wuhan, Ch ina, and has spread around the world, with resulting businesses and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization in January 30, 2020. The operations and business results of the Colleg e could be materially adversely affected. The extent to which the coronavirus may impact b usiness activity or investment results will depend on future developments, which are highl y uncertain and cannot be pred

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	icted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others. The College's financial model is heavily dependent on successful fundraising and endowment investment performance and both programs continue to be monitored closely especially due to the uncertainties surrounding COVID-19. Despite the global pandemic, fundraising in 2019-20 exceeded budget and has continued to meet budget expectations during the first few months of 2020-21. The investment program continues to be closely monitored with increased frequency of communication between and among the Investment Committee of the College, the College's outsourced chief investment officer firm and College leadership. The investment portfolio continues to be prudently managed to take advantage of volatility where it makes sense while maintaining appropriate risk discipline.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 10,911,288 including grants of \$(Revenue \$ 8,937,077) RESIDENCE HALLS AND DINING SERVICE FOR STUDENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 10,419,270 including grants of \$(Revenue \$ 1,671,717) ACADEMIC SUPPORT - INCLUDES EXPENDITURES FOR THE ACADEMIC VICE PRESIDENT AND DEAN OF FACULTY'S OFFICE, LIBRARY, MEDIA SERVICES, STUDENT LAPTOP COMPUTER PROGRAM, AND OTHER RELATED ACTIVITIES THAT SUPPORT THE INSTRUCTIONAL MISSION OF THE COLLEGE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 6,249,167 including grants of \$ 6,266,092)(Revenue \$ 3,400,000) STUDENT AID-EXPENDITURES FOR SCHOLARSHIPS, GRANTS AND AWARDS TO STUDENTS. EXPENSES REPORTED INCLUDE PRIMARILY DIRECT STUDENT AID TO ASSIST WITH ROOM AND BOARD, BOOKS AND SUPPLIES. IN ADDITION, ALL DEGREE-SEEKING BEREA COLLEGE STUDENTS RECEIVE A FULL-TUITION SCHOLARSHIP, ALSO KNOWN AS A COST OF EDUCATION SCHOLARSHIP, THAT IS FUNDED PRIMARILY FROM THE SPENDABLE RETURN FROM THE ENDOWMENT. THE AMOUNT OF FULL-TUITION SCHOLARSHIPS FOR THE FISCAL YEAR WAS \$77,114,950. THESE EXPENSES ARE PRIMARILY INCLUDED IN THE AREAS OF INSTRUCTION, STUDENT SERVICES, ACADEMIC SUPPORT, ETC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 4,798,330 including grants of \$(Revenue \$ 2,749,070) STUDENT INDUSTRIES COST OF OPERATIONS (EXCLUDING COST OF SALES) WHICH PROVIDE LABOR OPPORTUNITIES FOR STUDENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 0 including grants of \$(Revenue \$ 3,242,448) FOREST CARBON CREDITS-The College participated in a forest carbon project that was approved by the Air Resource Board of California. Most of the credits that were awarded were sold to an energy resource company and the College recognized \$3,242,448 of revenue in the fiscal year. The revenue is reflected in Miscellaneous Revenue in Part VIII.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a RESPONSIBILITY OF EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD, THE VICE CHAIR, AND THE CHAIR OF EACH STANDING COMMITTEE PROVIDED FOR IN SECTION 12.1 OF THE BYLAWS. THE PRESIDENT OF THE COLLEGE SHALL BE AN EX OFFICIO MEMBER WITHOUT VOTE. IT SHALL BETWEEN MEETINGS OF THE BOARD HAVE ALL THE POWERS AND DUTIES OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE POWER TO REMOVE OR ELECT A TRUSTEE OR THE PRESIDENT OF THE COLLEGE. AT EACH MEETING OF THE BOARD IT SHALL SUBMIT A REPORT OF ALL ACTIONS TAKEN BY IT SINCE THE PRECEDING MEETING OF THE BOARD, AND A SUMMARY OF SUCH REPORT SHALL BE RECORDED IN THE MINUTES OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	THE COLLEGE'S BYLAWS UNDERWENT A REVISION to include the addition of text creating a new officer of the College, an Executive Vice President.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	FORM 990 IS REVIEWED BY A SUBCOMMITTEE APPOINTED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW OCCURS IN JANUARY AND FEBRUARY OF EACH YEAR AND INCLUDES AT LEAST ONE CONFERENCE CALL FOR DISCUSSION. FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES PRIOR TO THE FILING DATE OF THE FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	BEREA COLLEGE (THE COLLEGE) MAINTAINS A CONFLICT OF INTEREST POLICY APPLICABLE TO TRUSTEES AND INSTITUTIONAL OFFICERS. ALL TRUSTEES AND INSTITUTIONAL OFFICERS RECEIVE COPIES OF THE POLICY AND A DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THE DISCLOSURE STATEMENT MUST BE COMPLETED BY ALL TRUSTEES AND OFFICERS REGARDLESS OF THE PRESENCE OF A CONFLICT. IN ADDITION TO THE ANNUAL DISCLOSURE, THE POLICY REQUIRES THE DISCLOSURE STATEMENT TO BE UPDATED WHENEVER THE TRUSTEE OR OFFICER BECOMES AWARE OF A NEW OR ANTICIPATED CONFLICT OF INTEREST TRANSACTION THAT HAS NOT BEEN PREVIOUSLY REPORTED. DISCLOSURE STATEMENTS ARE FORWARDED BY THE VICE PRESIDENT FOR FINANCE TO THE PRESIDENT OF THE COLLEGE AND THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. ANY CONFLICT OF INTEREST TRANSACTION OR OTHER MATTER REPORTED BY A TRUSTEE OR OFFICER IS THEN ADDRESSED IN ACCORDANCE WITH THE POLICY. ANY TRUSTEE OR OFFICER WHO HAS ENGAGED IN OR ANTICIPATES A RELATIONSHIP OR TRANSACTION CONSTITUTING A CONFLICT OF INTEREST TRANSACTION SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF ANY RELATIONSHIP OR PROPOSED TRANSACTION INVOLVING SUCH CONFLICT OF INTEREST TRANSACTION UNTIL THE AUDIT COMMITTEE OR BOARD OF TRUSTEES APPROVES SUCH PARTICIPATION IN WRITING. A TRUSTEE INVOLVED WITH SUCH A CONFLICT OF INTEREST TRANSACTION SHALL NOT VOTE NOR BE PRESENT AT THE TIME OF ANY VOTE BY THE BOARD OF TRUSTEES OR ANY COMMITTEE THEREOF CONCERNING THE RELATIONSHIP OR TRANSACTION. AN OFFICER INVOLVED WITH SUCH A CONFLICT OF INTEREST TRANSACTION SHALL NOT EXERCISE CONTRACT OR SUPERVISORY AUTHORITY CONCERNING THE PARTICULAR RELATIONSHIP OR TRANSACTION. A SEPARATE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL EMPLOYEES OF THE COLLEGE. THE POLICY IS DISTRIBUTED TO NEW EMPLOYEES UPON HIRE AND TO ALL EMPLOYEES ANNUALLY VIA E-MAIL. ANY EMPLOYEE WHO HAS OR WHOSE RELATIVE HAS A SUBSTANTIAL INTEREST IN A CONTRACT, SALE, PURCHASE OR OTHER TRANSACTION BY OR WITH THE COLLEGE MUST MAKE KNOWN THAT INTEREST ON THE APPROPRIATE DISCLOSURE FORM PROVIDED BY THE COLLEGE. ALL COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE ADMINISTRATIVE COMMITTEE OF THE COLLEGE FOR DETERMINATION OF A CONFLICT OF INTEREST. ALL INSTANCES REPORTED ARE FORWARDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	PRESIDENT'S COMPENSATION ANALYSIS AND DETERMINATION: IN THE SPRING OF EACH YEAR, A COMPARATIVE ANALYSIS IS PREPARED CONSISTING OF PRESIDENTIAL AND OFFICER SALARIES AND BENEFITS AT THE COLLEGE'S FRAME OF REFERENCE BENCHMARK INSTITUTIONS COMPRISED OF 26 INDEPENDENT COLLEGES AND UNIVERSITIES WHICH HAVE OPERATIONAL, PROGRAMMATIC AND BUDGETARY SIMILARITIES TO BERA COLLEGE. THIS INFORMATION IS COMPILED FROM DATA COLLECTED THROUGH THE ADMINISTRATIVE COMPENSATION SURVEY CONDUCTED ANNUALLY BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUPA). EVERY FOUR YEARS, A SEPARATE SURVEY IS SENT TO THE FRAME OF REFERENCE INSTITUTIONS TO GATHER ADDITIONAL INFORMATION. AN ANALYSIS IS ALSO PREPARED THAT COMPARES THE SALARIES OF THE COLLEGE'S PRESIDENT AND OTHER OFFICERS TO THOSE OF A LARGER GROUP (APPROXIMATELY 95 INSTITUTIONS) OF INDEPENDENT, BACCALAUREATE, GENERAL AND LIBERAL ARTS COLLEGES AND UNIVERSITIES. CONCURRENTLY, THE CHAIR OF THE BOARD UNDERTAKES AN ANNUAL ASSESSMENT OF THE PRESIDENT'S PERFORMANCE. EVERY THREE TO FOUR YEARS, THE CHAIR CONDUCTS A COMPREHENSIVE EVALUATION OF THE PRESIDENT. THE BENCHMARK SALARY DATA IS TRANSMITTED TO THE CHAIR AND THE VICE CHAIR OF THE BOARD OF TRUSTEES. THE PRESIDENT PREPARES A SELF-ASSESSMENT THAT IS DISCUSSED WITH THE CHAIR AND SHARED WITH ALL MEMBERS OF THE BOARD OF TRUSTEES. THE CHAIR THEN DEVELOPS A RECOMMENDATION CONCERNING THE PRESIDENT'S SALARY AND BENEFITS IN THE CONTEXT OF THE COLLEGE'S ENTIRE BUDGET PROCESS USING THE ABOVE INFORMATION ALONG WITH HISTORICAL SALARY AND BENEFIT DATA FOR THE PRESIDENT AND ANY OTHER EXTERNAL RESOURCES THAT ARE AVAILABLE. THE CHAIR NEXT REPORTS TO THE EXECUTIVE COMMITTEE (FUNCTIONING AS THE COMPENSATION COMMITTEE) OF THE BOARD OF TRUSTEES ON THE PRESIDENT'S PERFORMANCE ASSESSMENT AND PRESENTS ALL OF THE BENCHMARK AND HISTORICAL SALARY INFORMATION, TOGETHER WITH THE CHAIR'S RECOMMENDATION ON THE SETTING OF THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR. THE EXECUTIVE COMMITTEE THEN REVIEWS ALL OF THE FOREGOING INFORMATION TOGETHER WITH THE CHAIR'S REPORT AND PREPARES ITS OWN RECOMMENDATION. AT ITS APRIL MEETING, IN EXECUTIVE SESSION, THE BOARD CONSIDERS THE CHAIR'S REPORT CONCERNING ALL OF THIS INFORMATION AND THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE. FOLLOWING DISCUSSION, THE BOARD ADOPTS A RESOLUTION SETTING THE PRESIDENT'S NEW COMPENSATION LEVELS FOR THE NEXT FISCAL YEAR, BEGINNING ON JULY 1ST. NO COMPENSATION ADJUSTMENT WAS MADE IN FISCAL YEAR 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	COMPENSATION ANALYSIS AND DETERMINATION FOR THE SUBORDINATE OFFICERS OF THE COLLEGE: FOLLOWING THE SAME TIMELINE AND UTILIZING THE SAME COMPARATIVE DATA OUTLINED ABOVE, THE PRESIDENT PREPARES COMPENSATION RECOMMENDATIONS FOR THE COLLEGE'S SUBORDINATE OFFICERS IN THE CONTEXT OF EACH OFFICER'S HISTORICAL SALARY AND BENEFIT INFORMATION AND THE PRESIDENT'S ASSESSMENT OF EACH OFFICER'S PERFORMANCE DURING THE PRECEDING YEAR. THE PRESIDENT THEN MEETS WITH THE CHAIR AND VICE CHAIR OF THE BOARD TO PRESENT THE COMPENSATION RECOMMENDATIONS FOR EACH OFFICER. THE PRESIDENT'S ASSESSMENT OF EACH OFFICER'S PERFORMANCE AS WELL AS THE COMPARATIVE AND HISTORICAL SALARY AND BENEFIT INFORMATION IS SHARED WITH THE CHAIR AND VICE CHAIR FOR REVIEW AND POSSIBLE ADJUSTMENT IN THE CONTEXT OF THE COLLEGE'S ENTIRE BUDGET PROCESS. AT EACH APRIL MEETING OF THE EXECUTIVE COMMITTEE, THE PRESIDENT PRESENTS COMPENSATION RECOMMENDATIONS FOR EACH OFFICER ALONG WITH A SUMMARY OF THE COMPARATIVE AND HISTORICAL INFORMATION OUTLINED ABOVE TOGETHER WITH BRIEF COMMENTS ON EACH OFFICER'S PERFORMANCE. THE EXECUTIVE COMMITTEE DISCUSSES THESE RECOMMENDATIONS AND, BY RESOLUTION, APPROVES OR MODIFIES THE PRESIDENT'S RECOMMENDATIONS. THESE RECOMMENDATIONS, AS APPROVED BY THE EXECUTIVE COMMITTEE, ARE THEN PRESENTED TO THE FULL BOARD AT ITS APRIL MEETING FOR FINAL REVIEW AND ACTION. NO COMPENSATION ADJUSTMENTS WERE MADE FOR OFFICERS IN FISCAL YEAR 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE COLLEGE'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE COLLEGE'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE VIA THE WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Printing - Total Revenue: 109137, Related or Exempt Function Revenue: , Unrelated Business Revenue: 109137, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Water and Timber Sales - Total Revenue: 178571, Related or Exempt Function Revenue: , Unrelated Business Revenue: 178571, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Indirect Cost Elimination - Total Revenue: -5404350, Related or Exempt Function Revenue: -5404350, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; MAC Building Lease Payment Elimination - Total Revenue: -619635, Related or Exempt Function Revenue: -619635, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Other - Total Revenue: 7691022, Related or Exempt Function Revenue: 7691022, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Seabury Center - Total Revenue: 57943, Related or Exempt Function Revenue: 57943, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Other - Total Revenue: 410752, Related or Exempt Function Revenue: 410752, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	change in annuity payment liability of annuity contracts - 751299; change in funds held in trust by others - -196000; annuity payments - -1676294; interest rate swaps - -2126000; contributions to Berea College Science and Health Foundation - -73324;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Reconciliation of Net Assets, Line 9 Other Changes in Net Assets	Berea College contributed land and construction in process, valued at \$59,046,649, to Berea College Science and Health Foundation, Inc. for construction of the Margret A. Cargill Natural Sciences and Health Building. While construction of the building was underway by the College, a separate wholly-owned legal entity (the Foundation) was established to hold title to the land and building. An additional \$1,254,178 was also contributed to fund the debt financing, legal, and interest expenses associated with New Markets Tax Credit transactions facilitated by the Foundation.

SCHEDULE R
(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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEREA COLLEGE

Employer identification number
61-0444650

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BEREA INTERCHANGE DEVELOPMENT CORP STE 220 LINCOLN HALL BEREA, KY 40404 61-1124566	HOLDS LAND	KY	501(c)(2)		BEREA COLLEGE	Yes	
(2)Berea College Science and Health Foundation Inc Lincoln Hall 220 Berea, KY 40404 82-2539390	Real Estate Holding	KY	501(c)(3)	Type II	Berea College	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BEREA COLLEGE SCIENCE AND HEALTH FOUNDATION INC	B	73,324	FAIR MARKET VALUE
(2)BEREA COLLEGE SCIENCE AND HEALTH FOUNDATION INC	K	619,635	FAIR MARKET VALUE
(3)BEREA COLLEGE SCIENCE AND HEALTH FOUNDATION INC	R	162,611	FAIR MARKET VALUE

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0444650
Name: BERA COLLEGE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
4 TRUSTS	N/A	CA	NA	Trust					No
6 TRUSTS	N/A	KY	NA	Trust					No
4 TRUSTS	N/A	CT	NA	Trust					No
11 TRUSTS	N/A	OH	NA	Trust					No
2 TRUSTS	N/A	VA	NA	Trust					No
4 TRUSTS	N/A	FL	NA	Trust					No
3 TRUSTS	N/A	GA	NA	Trust					No
1 TRUST	N/A	MD	NA	Trust					No
2 TRUSTS	N/A	NC	NA	Trust					No
1 TRUST	N/A	NY	NA	Trust					No
1 TRUST	N/A	ME	NA	Trust					No
1 TRUST	N/A	TN	NA	Trust					No
1 TRUST	N/A	IA	NA	Trust					No
1 TRUST	N/A	LA	NA	Trust					No
1 TRUST	N/A	MS	NA	Trust					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
1 TRUST	N/A	AZ	NA	Trust					No
2 TRUSTS	N/A	IL	NA	Trust					No
1 TRUST	N/A	MN	NA	Trust					No
1 TRUST	N/A	MO	NA	Trust					No
1 TRUST	N/A	PA	NA	Trust					No