Form	990
Departn	nent 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.

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

6 Open to Public Inspection

6

OMB No. 1545-0047

AF	or th	e 201	6 calendar year, or tax year begin	nning 07/01, <b>201</b>	6, and endi	ng		06,	/30, <b>20</b>	17				
<b>В</b> с	heck if ap	oplicable:	C Name of organization BOWDOIN COLLEGE				D Employer ide	entifica	ation num	ber				
	Addre		Doing Business As				01-0215	213						
	chang	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone number							
	-	return	5400 COLLEGE STATION	····,			(207) 72							
-	-		City or town, state or province, country, a	and ZIP or foreign postal code			(207) 72.							
-	Termi Amen		BRUNSWICK, ME 04011-84				G Gross receipt	te ¢	556	018	,000.			
-	return Applio	n	<b>F</b> Name and address of principal officer:	CLAYTON ROSE			H(a) Is this a grou			Yes	, 000. X No			
	pendi		5400 COLLEGE STATION H		115		subordinates	?						
-	<b>T</b>						H(b) Are all subordi			Yes	No			
<u>!</u>		empt st		) < (insert no.) 4947(a)(1	) or   52	27	If "No," attac			tions)				
			WWW.BOWDOIN.EDU				H(c) Group exemp		-					
				Association Other	L Year	of format	tion: 1794 <b>M</b>	State of	of legal do	micile:	ME			
P	art I		mmary											
	1		y describe the organization's mission of		-YEAR PR.	LVATE			Г.Е. — — — — — — — —					
Governance		B	ERAL ARTS COLLEGE. SEE S	SCHEDULE O										
'nai														
ovel			k this box 🕨 🔛 if the organization di					3. I I						
ŏ	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3			41.			
s S			per of independent voting members of t					4			39.			
∕itie			number of individuals employed in cale					5			050.			
Activities &	6	Total	number of volunteers (estimate if necess	sary)				6			206.			
۷			unrelated business revenue from Part V					7a			,000			
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34				7b		-	,758			
Revenue							Prior Year			rent Ye				
	8	Contri	ibutions and grants (Part VIII, line 1h)		PY FOR	1	32,713,000.				,000			
	9	Progra	am service revenue (Part VIII, line 2g)			1	14,296,00				,000			
Sev	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	INSPECTION	I	77,279,00		73		,000			
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			885,00				,000			
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12)	<u></u>	2	225,173,00				,000			
	13		s and similar amounts paid (Part IX, colu				35,378,00	0.	36	,865	,000			
	14	Benef	its paid to or for members (Part IX, colu		0.			0						
ŝ	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), lines 5-10)			97,343,00		98	,677	,000			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			502,00	0.			0			
xpe	b		fundraising expenses (Part IX, column (I		0									
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)			62,755,00			•	,000			
			expenses. Add lines 13-17 (must equal			1	95,978,00				,000			
	19	Rever	nue less expenses. Subtract line 18 from	n line 12			29,195,00	0.	31	,611	,000			
Net Assets or Fund Balances						Begin	ning of Current Y			of Yea				
sets alan	20	Total	assets (Part X, line 16)			1,8	331,737,00	0.	2,036					
t As d B	21	Total	liabilities (Part X, line 26)			3	337,245,00			·	,000			
Fun	22	Net as	ssets or fund balances. Subtract line 21	from line 20		1,4	94,492,00	0.	1,628	,859	,000			
Pa	rt II	Sig	gnature Block											
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than					my k	nowledge	and be	lief, it is			
	e, cone			rollicer) is based on all information of wi		as any Ki	liowiedge.							
0:-														
Sig			Signature of officer				Date							
Не	re		LISA ROUX	CONTF	ROLLER									
			Type or print name and title											
<b>D</b>		Print/	Type preparer's name	Preparer's signature	Date		Check	if P	NIT					
Paic		TAR.	A D'AGOSTINO				self-employe	ed 🛛	P01245	5482				
	parer	Firm's	sname 🕨 KPMG LLP	•			Firm's EIN 🕨	13-!	556520	17				
USE	Only		s address ▶ 60 SOUTH STREET	BOSTON, MA 02111				617.	-988-1	.000				
Мау	/ the I	RS dis	cuss this return with the preparer show	n above? (see instructions)					. X Y	es	No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Forr	n <b>990</b>	(2016)			

	BOWDOIN COLLEGE	01-0215213
	90 (2016)	Page <b>2</b>
Part		
	Check if Schedule O contains a response or note to any line in this Part III	X
	iefly describe the organization's mission: EE SCHEDULE O*	
	d the organization undertake any significant program services during the year which were no	
If "	or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	
	d the organization cease conducting, or make significant changes in how it conducts	, any program
ser	rvices?	
	Yes," describe these changes on Schedule O.	
	escribe the organization's program service accomplishments for each of its three largest penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	
	e total expenses, and revenue, if any, for each program service reported.	
	ode:) (Expenses \$169,760,000. including grants of \$36,865,000. ) (Reve	enue \$118,543,000. )
	E ON-CAMPUS STUDENT BODY NUMBERS APPROXIMATELY 1,785. AN	
	TIMATED 153 STUDENTS STUDY AWAY ANNUALLY; 95% COMPLETE THE	
	GREE WITHIN FIVE YEARS; THE STUDENT/FACULTY RATIO IS 9:1; 99% OF CULTY HAS A PH.D. OR EQUIVALENT. AS OF JUNE 2017, 39,926	
	UDENTS HAVE MATRICULATED AT BOWDOIN COLLEGE, AND 31,603 DEGREES	
	ACADEMIC PROGRAMS HAVE BEEN AWARDED.	
_		
<u>4h (Co</u>	ode: ) (Expenses \$ including grants of \$ ) (Reve	
<b>40</b> (O(		) )
<b>4c</b> (Co	ode:) (Expenses \$including grants of \$) (Reve	enue \$)
4d 0+	her program services (Describe in Schedule O.)	
	xpenses \$ including grants of \$ ) (Revenue \$	)
	tal program service expenses ► 169,760,000.	,
JSA 6E1020 1	1.000	Form <b>990</b> (2016)
'	8835BZ 1592 2656406	PAGE 2

Form 9	90 (2016)		F	Page 3
Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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	Х	
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	х	
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		Х
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	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u> </u>		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>–</b>		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		х
		13		

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Ves         No           20a         Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H,	Part	V Checklist of Required Schedules (continued)			
<ul> <li>bit "ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li></ul>				Yes	No
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         X           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         X           23         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/ INO," go to line 256.         23         X           24a         Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24 through 24 and complete Schedule I/ INO," go to line 256.         24a         X           24b         X         24b         X         24d         X           25         Did the organization maintain an escrease was accound the than a refunding escrow at any time during the year?         24d         X           25         Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are 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-E27 If "Yes," complete Schedule LP at II         25a         X           26         Did the organiza	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 17 If "Yes," complete Schedule I, Part I and II.       21       X         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 27 If "Yes," complete Schedule I, Part I and III.       22       X         23       Did the organization source To are than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Part I and III.       22       X         24a       Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization naves 1 ax-exempt bonds 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? II "Yes," answer lines 24       24a       X         24b       X       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24d       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization any time during the year?       24d       X         25a       X       If the organization are that it engaged in an excess benefit transaction with a disqualified person in the prior year.       25a       X         25a       X       If the organization are that it engaged in an excess benefit transaction with a disqualified person ore 179.       25	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<ul> <li>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 27 If "yes," complete Schedule I, Parts I and III.</li> <li>22 X</li> <li>23 Did the organization answer "yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "yes" to Part VII. Section A, line 25.4.</li> <li>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 244</li> <li>24a X</li> <li>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.</li> <li>24d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I</li> <li>25b X</li> <li>26b Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction. Una the year? If "yes," complete Schedule L, Part I</li> <li>27 Did the organization are schedule L, Part I</li> <li>28 Was the organization are schedule a control or ormite member, or to a 35% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part IV.</li> <li>28 Was the organization are order to rolmer officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV.</li> <li>27 X</li> <li>28 Was the organization report any amount on Part X, line 5, chorylete Schedule L, Part IV.</li> <li>29 Did the organization area order or former officer, director, trustee, or key employee? If "yes," complete Sched</li></ul>	21				
Part IX, column (A), line 32? If "Yes," complete Schedule I, Parts I and III.       22       X         23       Did the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.       23       X         24       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than through 24d and complete Schedule K. If "No," go to line 25a.       24a       X         24       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.       24a       X         24       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.       24a       X         24       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.       24a       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person in a prior year, and that the transaction have an excess benefit transaction with a disqualified person in a prior year, and that the transaction have and or the organization's prior Forms 990 or 900-E27       7         25       Did the organization apart to the assistance to an officer, director, trustee, or key employees, or disqualified persons? II "Yes," complete Schedule L Part I       25a       X         26       X       27       X         27       Did the organization report any amount on Part X, line		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23       Did the organization answer "ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization sourcent and former officers, trustees, key employees, and highest compensated employees? If "ves," complete Schedule J.       24         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 issue dafter December 31, 2002? If "ves," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.       24a       X         24b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period excess benefit transaction with a disqualified person during the year? If "ves," complete Schedule K. If "No," go to line 25a.       24d       X         24c       Did the organization answer that it enganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "ves," complete Schedule L, Part I.       24d       X         25       Section Soft(ci), Soft(c)(20) organizations. Did the organization's prior Forms 990 or 990-EZ?       If "Yes," complete Schedule L, Part I       25a       X         26       Did the organization provide a grant or other assistance to an officer, furctor, trustee, key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part II       27       X         27       Did the organization provide a grant or other assistance to an officer, furctor, trustee, key employee?       27       X         28       A family member of an or others p	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.       23       X         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       24a       X         24b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         24b       Did the organization minitalin an escrow account other than a refunding escrow at any time during the year?       24d       X         25a       Section 501(c)(3), on 501(c)(2) on officiency of tax-exempt bonds outstanding at any time during the year?       24d       X         25a       Section 501(c)(3), on 501(c)(2) on officiency of tax-exempt bonds on the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization solid or prome solid or any of the organization with a disqualified person? If "Yes," complete Schedule L, Part I       25b       X         26       Did the organization avare that it engaged in an excess benefit transaction with organization avare that it engaged in an excess benefit the organization avare that it engaged in an excess benefit the organization avare that it engaged in an excess benefit the organization avare that it engaged in an excess benefit the organization preport any amount on Part X.		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
employees? If "Yes," complete Schedule J.       23       X         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       X         2       Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         2       Did the organization act as an "on behalf of" lissuer for bonds outstanding at any time during the year?       24c       X         2       Did the organization act as an "on behalf of" lissuer for bonds outstanding at any time during the year?       24d       X         2       Did the organization act as an "on behalf of" lissuer for bonds outstanding at any time during the year?       24d       X         2       Did the organization avare 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 Form 990 or 990-E27       25b       X         2       Did the organization avare that is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person?       25b       X         2       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part I) <td>23</td> <td>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the</td> <td></td> <td></td> <td></td>	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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, 20027 II "Yes," answer lines 24b       24a         24a       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         24b       X         24c       X         24b       X         24c       X         24b       X         24b       X         24c       X         24b       X         24b       X         24b       X         24b       X         24b       X         24c       X         24c       X         24d       X <td></td> <td></td> <td></td> <td></td> <td></td>					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b       24a       X         b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24b       X         d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24c       X         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c       X         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         d Did the organization sport outring the year?       25c       X       25c       X         d Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, yeary employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.       26c       X         d Was the organization applicable filing thresholds, conditions, and exceptions):       a A current or		employees? If "Yes," complete Schedule J.	23	Х	
through 24d and complete Schedule K if Yo," go to line 25a.       24a       X         b       Did the organization mest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       X         d       Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         d       Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         d       Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction are ported on any of the organization's prior Forms 990 or 990-E27       25b       X         26       Did the organization areport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       28a       X         a       A current or former officer, director, trustee, or key employees, or disqualified person any of these persons? If "Yes," complete Schedule L, Part IV       28a       X         7       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV <td< td=""><td>24a</td><td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than</td><td></td><td></td><td></td></td<>	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24c       X         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       X         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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?       15         25a       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entil of family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, part IV)       26a       X         28       Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified persons?       26a       X         27       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified person?       27       X         28       A current or former officeri, direc		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
<ul> <li>bit the organization maintain an escrow account other than of yound temporary time during the year?</li> <li>bit the organization maintain an escrow account other than of yound gestrow at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>bit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.</li> <li>bit 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):</li> <li>a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.</li> <li>bit the organization receive corributions of art, historical treasures, or other similar assets, or qualified parts on eachieve more than 525,000</li></ul>		through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
to defease any tax-exempt bonds?       24c       X         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       22d       X         25a       Section 501(c)(3), 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       X         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 Form 990 erg 90-EZ?       If "Yes," complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offlicers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part III.       26       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25.000 in non-cash contributions? II "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25.000 in non-cash contributions? II "Yes," complete Schedul	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
d) did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       x         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 in a prior year, and that the transaction has not been reported on any of the organization spore Forms 990 or 990-EZ?       25a       x         25b       X       Z       Z       Z       Z       X         26       Did 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?       Z <td< td=""><td>С</td><td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year</td><td></td><td></td><td></td></td<>	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
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 yea? <i>II</i> "Yes," complete Schedule <i>L</i> , <i>Part I</i> 25a       X         25b       X       X       25b       X         25c       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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27       Z <td< td=""><td></td><td>to defease any tax-exempt bonds?</td><td>24c</td><td>Х</td><td></td></td<>		to defease any tax-exempt bonds?	24c	Х	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1       25a       X         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-E2?       If "Yes," complete Schedule L, Part 1       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         29       Did the organization report of ficer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I.       30       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net a	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?       25       25         11 "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
If "Yes," complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28c       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization receive contributions? If "Yes," complete Schedule R, Part I.       33       X	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
<ul> <li>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II</li> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.</li> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.</li> <li>28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.</li> <li>28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.</li> <li>28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.</li> <li>28 C A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M.</li> <li>29 X</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>29 X</li> <li>20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N.</li> <li>30 X</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," assettion sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II.</li> <li>32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, at x</li> <li>33 Did the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, at x</li> <li>34 Was the organization have a controlled</li></ul>		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," assettion sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R. Part I.       33       X         33       Did the organization related to any tax-exempt or taxable entity? I		If "Yes," complete Schedule L, Part I	25b		Х
disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28       Xa         29       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         20       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       28b       X         29       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M.       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I.       30       X         31       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Part I.       30       X         32       Did 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.       31       X	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
<ul> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.</li> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.</li> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.</li> <li>28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.</li> <li>28 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV.</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part IV.</li> <li>29 X</li> <li>30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, A X</li> <li>31 Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, A X</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>35b X</li> </ul>		current or former officers, directors, trustees, key employees, highest compensated employees, or			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," assets? If "Yes," assets sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, II, II, or IV, and Part V, line 1.       34       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," comp		disqualified persons? If "Yes," complete Schedule L, Part II	26		X
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereot) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         33       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, III, or IV, and Part V, line 1.       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, III	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
<ul> <li>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): <ul> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV</li> <li>28 X</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>30 X</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and 30 X.</li> <li>33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, II, II, or IV, and Part V, line 1.</li> <li>34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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.</li> </ul></li></ul>		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
<ul> <li>Part IV instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV</li> <li>28a</li> <li>X</li> <li>28b</li> <li>X</li> </ul> </li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and 301.7701-3? If "Yes," complete Schedule R, Part I.</li> <li>33 X</li> <li>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.</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.</li> <li>35b X</li> </ul>		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	Х	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         33       Did 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.       35a       X       35a         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X       35a       35a         35a       If "Yes" to line 35a, did the organization rec	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
a A damily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28c       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"       32       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1.       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X		Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
Schedule L, Part IV.       28b       X         c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         33       Did the organization vn 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         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       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       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       X <td></td> <td>Schedule L, Part IV</td> <td>28b</td> <td>Х</td> <td></td>		Schedule L, Part IV	28b	Х	
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       31       X         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       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       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       X	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
<ul> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.</li> <li>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.</li> <li>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.</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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.</li> </ul>		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
conservation contributions? If "Yes," complete Schedule M       30 X         31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31 X         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31 X         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 X         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 X         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a X         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 X	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         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       32       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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       X	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
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<ul> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," <u>32</u> X</li> <li>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</li> <li>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.</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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</li> <li>35b X</li> </ul>	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
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<ul> <li>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</li> <li>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.</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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.</li> <li>35b X</li> </ul>	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33 X         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 X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a X         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 X			32		Х
<ul> <li>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.</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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</li> </ul>	33				
or IV, and Part V, line 1.       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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       X			33	Х	
<ul> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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</li> <li>35b X</li> </ul>	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
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       X			34		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	b				
20 Oraction 504/a)(2) converting Did the converting make any transferr to an evenet non charitable			35b	X	
	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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
Part VI			37		_X_
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		20	v	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	- No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $ 1a $ 502		Tes	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a502Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 3,050			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? If "Yes," enter the name of the foreign country: UNITED KINGDOM	4a	X	
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
0 0	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		1		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
d	Is the organization licensed to issue qualified health plans in more than one state?			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	<b>VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.									
	Check if Schedule O contains a response or note to any line in this Part VI			Χ						
Sect	ion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 41									
	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. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>									
b		-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71		x						
	stockholders, or persons other than the governing body?	7b		Δ						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
•	the year by the following: The governing body?	8a	Х							
a b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod								
			Yes	No						
		10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01-								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a								
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х							
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
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?	45-	Х							
a	The organization's CEO, Executive Director, or top management official	15a 15b	X							
a	Other officers or key employees of the organization	130								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
104	with a taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)						
	Own website Another's website X 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 int financial statements available to the public during the tax year.	erest	policy	/, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and record LISA A. ROUX 5400 COLLEGE STATION BRUNSWICK, ME 04011-8445 (207)725-3960	s:►								

JSA 6E1042 1.000 Form **990** (2016)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contains	s a response	e or note to	any lii	ne in this Part	VII			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	iot ch unles:	s pei	ition more rson	e than o is both or/trust employee	an	(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
(1)MICHELE G. CYR	8.00									
CHAIR	0.	x		x				0.	0.	0.
(2)GREGORY E. KERR	8.00									
VICE CHAIR	0.	x		x				0.	0.	0.
(3)SYDNEY ASBURY	4.00									
TRUSTEE	0.	х						0.	0.	0.
(4)DEBORAH JENSEN BARKER	4.00									
TRUSTEE	0.	х						0.	0.	0.
(5)PETER J. BERNARD	4.00									
TRUSTEE	0.	х						0.	0.	0.
(6)ARTHUR E. BLACK	4.00									
TRUSTEE	0.	х						0.	0.	0.
(7)RONALD C. BRADY	4.00									
TRUSTEE	0.	х						0.	0.	0.
(8)DAVID G. BROWN	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)LEONARD W. COTTON	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)IRIS W. DAVIS	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)JEFF D. EMERSON	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)ROBERT T. FRIEDMAN	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) BERTRAND GARCIA-MORENO	4.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)JOHN A. GIBBONS, JR.	4.00									
TRUSTEE	0.	Х						0.	0.	0.

JSA 6E1041 1.000 Form 990 (2016)

Form 990 (2016)										Page <b>8</b>
Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)		(C)				(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15) DONALD A. GOLDSMITH	4.00									
TRUSTEE	0.	Х						0.	0.	0.
16) STEPHEN F. GORMLEY	4.00									
TRUSTEE	0.	X						0.	0.	0.
17) SHELLEY A. HEARNE	4.00									
TRUSTEE	0.	X				0.	0.	0.		
18) BRADFORD A. HUNTER	4.00									
TRUSTEE	0.	X						0.	0.	0.
19) TASHA VANDERLINDE IRVING	4.00									
TRUSTEE	0.	X						0.	0.	0.
20) ANN HAMBELTON KENYON	4.00									
TRUSTEE	0.	X						0.	0.	0.
21) GEORGE A. KHALDUN	4.00									
TRUSTEE	0.	X						0.	0.	0.
22) JOSEPH V. MCDEVITT, JR.	4.00									
TRUSTEE	0.	X						0.	0.	0.
23) JOHN F. MCQUILLAN, JR.	4.00									
TRUSTEE	0.	X						0.	0.	0.
24) HENRY T A MONIZ	4 00		1							

24) HENRY T. A. MONIZ	4.00									
TRUSTEE 0. X								0.	0.	0.
25) DAVID A. MORALES	4.00									
TRUSTEE	0.	Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S							►	6,817,866.	0.	845,856.
d Total (add lines 1b and 1c)							6,817,866.	0.	845,856.	
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 🕨	148	

			1.65
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		37
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	
60	action B. Indonondant Contractors		

#### Section B. Independent Contractors

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

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
A	TACHMENT 1		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization <b>b</b> 51	e listed above) who received	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey Em	plo			and H	ligi	hest Compensat	ed Employ	yees (co	ontinued	)	
(A) Name and title	(B) (C) Average Position hours per (do not check more th week (list any hours for officer and a director/					is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estir amo ot compe		f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organ	related	d
26) SCOTT B. PERPER	4.00												_
TRUSTEE	0.	Х						0.		0.			
27) KATHLEEN K. PHILLIPS-LOHRMANN TRUSTEE	4.00	x						0.		0.			
28) JANE L. PINCHIN	4.00												
TRUSTEE	0.	X						0.		0.			
29) MARY HOGAN PREUSSE TRUSTEE	4.00	x						0.		0.			
30) LINDA HORVITZ ROTH TRUSTEE	4.00	x						0.		0.			
31) DAVID J. ROUX	4.00												
TRUSTEE	0.	X						0.		0.			
2) JOAN BENOIT SAMUELSON TRUSTEE	4.00	v						0.					
33) ANDREW E. SERWER	0.	X						0.		0.			
TRUSTEE	9.00	x						0.		ο.			
34) MARY TYDINGS SMITH	4.00												-
TRUSTEE	0.	x						0.		Ο.			
35) JAMES E. STALEY TRUSTEE	4.00	x						0.		0.			
6) JOHN K. L. THORNDIKE	4.00												-
TRUSTEE	0.	Х						0.		0.			
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul>								actived more than	\$100,000	of			_
2 Total number of individuals (including but not reportable compensation from the organization		148		u ai	000		Jie	ceived more man	φ100,000 (	01			
											<u> </u>	Yes	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3	х	
4 For any individual listed on line 1a, is the organization and related organizations groups of the second	eater than	\$15	0,0	00?	lf	"Yes	s," (	complete Schedu				v	
<ul><li><i>individual</i></li><li>5 Did any person listed on line 1a receive or</li></ul>										idual	4	X	
for services rendered to the organization? If "											5		
Section B. Independent Contractors								hat we as the t	1				_
<ol> <li>Complete this table for your five highest con compensation from the organization. Report year.</li> </ol>													
(A)								(B)			(C)		-
Name and business ad	dress							Description of se	rvices	Co	mpensa	ition	

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Page	8
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Name and titleAverage hours per week let av hours bei week let av hours bei week let av hours bei the organization timePosition promise timeReportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization from the organization37)KAREN N. WALKER4.000X440037)KAREN N. WALKER4.000X40030)PAULA M. WARDYNSKI4.000X400TRUSTEE0.1X400010)Robert F. WHITE4.000X40011)CLAYTON ROSE40.00X4235,217055,113)PAULA VOLENT40.00X42074,213)PAULA VOLENT40.00X4400SVP FOR DVT & ALUMNI RELATIONS0.X4		(R)			10	3		(D)	(E)	(F)	
Image: constraint of the second se	(A) Name and title	hours per	box,	not ch unless	Posi eck i s per	tion more rson	is both a	Reportable compensation from	Reportable compensation from	Estimated amount of other	
TRUSTEE       0.       0.       0.         8) PAULA M. WARDYNSKI       4.00       0.       0.         TRUSTEE       0.       0.       0.         9) DAVID P. WHEELER       4.00       0.       0.         TRUSTEE       0.       0.       0.         0.1 ROBERT F. WHITE       4.00       0.       0.         10 CLAYTON ROSE       0.0       0.       0.         21 MATTHEW ORLANDO       40.00       X       468,248.       0.         SVF FINANCE & ADDINTREASURER       0.       X       235,217.       0.         SVF FOR INVESTMENTS       0.       X       2,717,384.       0.       70,3         3) PAULA VOLENT       0.0       X       164,860.       0.       32,1         5VF FOR DVT & ALUMNI RELATIONS       0.       X       239,988.       0.       61,2         SVF FOR DVT & ALUMNI RELATIONS       0.       X       239,988.       0.       61,2         5VF FOR DVT & ALUMNI RELATIONS       0.       X       236,802.       0.       69,2         15 SOFT MEILEDAVIS       0.0       X       236,802.       0.       61,2         70 TIMOTHY FOSTER       0.0       X       236,802.<		related organizations below dotted	office of individual trustee or director				Highest employ			compensation from the organization and related organizations	
TRUSTEE       0.       x       0.       0.       0.         9) DAVID P. WHEELER       4.00       0.       0.       0.         TRUSTEE       0.       x       0.       0.       0.         1) CLAYTON ROSE       0.       0.       0.       0.       0.         1) CLAYTON ROSE       0.       0.       0.       0.       0.         1) CLAYTON ROSE       0.00       x       468,248.       0.       74,2         2) MATTHEW ORLANDO       40.00       x       235,217.       0.       55,1         3) PAULA VOLENT       40.00       x       2,717,384.       0.       70,3         4) RICHARD GANONG       40.00       x       164,860.       0.       32,1         5VP FOR DVT & ALUMNI RELATIONS       0.       x       302,763.       0.       58,9         6) MITCHEL DAVIS       40.00       x       236,802.       0.       61.2         7) TIMOTHY POSTER       40.00       x       236,802.       0.       61.2         7) TIMOTHY POSTER       40.00       x       236,802.       0.       61.2         7) TIMOTHY POSTER       0.       x       236,802.       0.       61.2			x					0.	0.		
9) DAVLD P. WHEELER       4.00       0.       0.       0.         1 TRUSTEE       0.       0.       0.       0.       0.         0. ROBERT F. WHITE       4.00       0.       0.       0.       0.         1 CLANTON ROSE       40.00       0.       0.       0.       0.         PRESIDENT       0.       0.       0.       0.       0.         SVP FINANCE & ADMIN/TREASURER       0.       0.       0.       74.2         10. CLANTON ROSE       0.       0.       0.       0.       74.2         2) MATTHEW ORLANDO       40.00       X       235,217.       0.       55,1         3) PAULA VOLENT       40.00       X       2,717,384.       0.       70,3         3VP FOR DVT & ALUMNI RELATIONS       0.       X       302,763.       0.       58,9         61. MITCHEL DAVIS       40.00       X       236,802.       0.       61,2         71 TIMOTHY POSTER       40.00       X       236,802.       0.       61,2         71 TIMOTHY POSTER       40.00       X       236,802.       0.       61,2         71 TIMOTHY POSTER       40.00       X       236,802.       0.       61,2			v					0	0		
D) ROBERT F. WHITE       4.00       x       0.       0.         TRUSTEE       0.       x       0.       0.       0.         1) CLAYTOR ROSE       40.00       x       x       468,248.       0.       74,2         2) MATTHEW ORLANDO       40.00       x       x       468,248.       0.       74,2         2) MATTHEW ORLANDO       40.00       x       x       468,248.       0.       74,2         3VP FINANCE & ADMIN/TREASURER       0.       x       235,217.       0.       55,1         3) PAULA VOLENT       40.00       x       2,717,384.       0.       70,3         4) RICHARD GANONG       40.00       x       164,860.       0.       32,1         5VP FOR DVT & ALUMNI RELATIONS       0.       x       302,763.       0.       58,9         5) MITCHEL DAVIS       0.       x       239,988.       0.       61,2         7) TIMOTHY FOSTER       40.00       x       236,802.       0.       69,2         10 EaN OF STUDENT AFFAIRS       0.       x       236,802.       0.       69,2         21 total form continuation sheets to Part VII, Section A       148       4       x       4       x <tr< td=""><td>9) DAVID P. WHEELER</td><td>4.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	9) DAVID P. WHEELER	4.00									
1)       CLAYTON ROSE       40.00       x       x       468,248       0.       74,2         2)       MATTHEW ORLANDO       40.00       x       x       235,217       0.       55,1         3)       PAULA VOLENT       40.00       x       23,717,384       0.       70,3         3)       PAULA VOLENT       40.00       x       2,717,384       0.       70,3         4)       RICHARD GANONG       40.00       x       164,860       0.       32,1         5)       SVP FOR DVT & ALUMNI RELATIONS       0.       x       164,860       0.       32,1         5)       SVP FOR DVT & ALUMNI RELATIONS       0.       x       239,988       0.       61,2         7)       TIMOTHY FOSTER       40.00       x       239,988       0.       61,2         7)       TIMOTHY FOSTER       40.00       x       236,802       0.       69,2         10       DEAN OF STUDENT AFFAIRS       0.       x       236,802       0.       69,2         10       DEAN OF STUDENT AFFAIRS       0.       148       3       X         21       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			X					0.	0.		
PRESIDENT       0.       x       x       468,248.       0.       74,2         21       MATTHEW ORLANDO       40.00       x       235,217.       0.       55,1         3VP FOR INVESTMENTS       0.       x       2,717,384.       0.       70,3         40.00       x       2,717,384.       0.       70,3         41       RICHARD GANONG       0.       x       164,860.       0.       32,1         5VP FOR DVT & ALUMNI RELATIONS       0.       x       164,860.       0.       302,763.       0.       58,9         5.       SCOTT MEIKLEJOHN       40.00       x       302,763.       0.       58,9         5.       MITCHEL DAVIS       40.00       x       236,802.       0.       61,2         7.       TIMOTHY FORTER       40.00       x       236,802.       0.       69,2         5.       DEAN OF STUDENT AFFAIRS       0.       x       236,802.       0.       69,2         b Sub-total       .       .       .       .       .       .       .       3       X         4       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organizat			X					0.	0.		
SVP FINANCE & ADMIN/TREASURER       0.       X       235,217.       0.       55,1         3) PAULA VOLENT       40.00       X       2,717,384.       0.       70,3         4) RICHARD GANONG       40.00       X       164,860.       0.       32,1         5) SCOTT MEIKLEJOHN       40.00       X       164,860.       0.       32,1         5) SCOT MEIKLEJOHN       40.00       X       302,763.       0.       58,9         5) MITCHEL DAVIS       0.       X       302,763.       0.       61,2         7) TIMOTHY FOSTER       40.00       X       236,802.       0.       61,2         7) TIMOTHY FOSTER       0.       X       236,802.       0.       69,2         b Sub-total       -       -       X       236,802.       0.       69,2         c Total from continuation sheets to Part VII, Section A       -       -       4       3       X         4 Total (add lines 1b and 1c)       148       -       -       -       4       3       X         4 Total rom continuation sheets to Part VII, Section A       -       -       -       -       -       -       -       -       -       -       -       -	PRESIDENT	0.	X		x			468,248.	0.	74,26	
SVP FOR INVESTMENTS       0.       X       2,717,384.       0.       70,3         A) RICHARD GANONG       40.00       X       164,860.       0.       32,1         SVP FOR DVT & ALUMNI RELATIONS       0.       X       164,860.       0.       32,1         SVP FOR DVT & ALUMNI RELATIONS       0.       X       302,763.       0.       58,9         SVP FOR DVT & ALUMNI RELATIONS       0.       X       239,988.       0.       61,2         OHIF INFORMATION OFFICER       0.       X       236,802.       0.       69,2         DEAN OF STUDENT AFFAIRS       0.       X       236,802.       0.       69,2         b Sub-total	·				х			235,217.	0.	55,10	
1) RICHARD GANONG       40.00       x       164,860.       0.       32,1         SVP FOR DVT & ALUMNI RELATIONS       0.       x       164,860.       0.       32,1         (i) SCOTT MEIKLEJOHN       40.00       x       302,763.       0.       58,9         (i) MITCHEL DAVIS       40.00       x       239,988.       0.       61,2         (i) MITCHEL DAVIS       0.       x       239,988.       0.       61,2         (i) TIMOTHY FOSTER       0.       x       236,802.       0.       69,2         DEAN OF STUDENT AFFAIRS       0.       x       236,802.       0.       69,2         b Sub-total						x		2,717,384.	0.	70,31	
3)       SCOTT MEIKLEJOHN       40.00       X       302,763.       0.       58,9         5)       MITCHEL DAVIS       40.00       X       239,988.       0.       61,2         7)       TIMOTHY FORTER       40.00       X       236,802.       0.       69,2         9       DEAN OF STUDENT AFFAIRS       0.       X       236,802.       0.       69,2         b Sub-total						y			0		
3)       MITCHEL DAVIS       40.00       x       239,988.       0.       61,2         CHIEF INFORMATION OFFICER       0.       x       236,802.       0.       69,2         DEAN OF STUDENT AFFAIRS       0.       x       236,802.       0.       69,2         b Sub-total        236,802.       0.       69,2         c Total from continuation sheets to Part VII, Section A             c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       148       Yes         Chi the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       x         .       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       x         .       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       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 cale	5) SCOTT MEIKLEJOHN	40.00			$\dashv$						
Yes         DEAN OF STUDENT AFFAIRS         0       X       236,802.       0.       69,2         b Sub-total       Image: Complex Structure of Struct					-	X		302,763.	0.	58,90	
DEAN OF STUDENT AFFAIRS       0.       X       236,802.       0.       69,2         b Sub-total            69,2         c Total from continuation sheets to Part VII, Section A             69,2         c Total from continuation sheets to Part VII, Section A					-	X		239,988.	0.	61,27	
c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   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 > 148   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   3 Section B. Independent Contractors   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.	DEAN OF STUDENT AFFAIRS					х		236,802.	0.	69,24	
<ul> <li>B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	<ul> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul>	limited to tl	hose l	isted			e) who	received more than	\$100,000 of		
individual	employee on line 1a? If "Yes," complete Sched	ule J for suc sum of rep	ch ind oortab	<i>ividu</i> le co	<i>ial</i> omp	pen	sation	and other compen-	sation from the		
Section B. Independent Contractors         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)	<i>individual</i> Did any person listed on line 1a receive or	accrue coi	mpen	satio	n f	rom	any	Inrelated organizati	on or individual		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	Section B. Independent Contractors										
	compensation from the organization. Report of										
		ress							ervices C		

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

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Pā	rt VII Section A. Officers, Directors, Tru		∍y ⊨m	рюу			ina F	ngr			ontinue		
	(A)	(B)			(C)				(D)	(E)	_	(F)	
	Name and title	Average hours per week (list any	box,	F not che unless r and a	pers	nore t son is	s both	an	Reportable compensation from	Reportable compensation from related	an	timated nount o other	of
		hours for related organizations below dotted line)	or director				Highest compensated employee	) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensat om the anizatio d relate anizatio	e on ed
3)	JENNIFER SCANLON INTERIM DEAN ACADEMIC AFFAIRS	40.00				x			252,576.	0.		73,	45
	E. WHITNEY SOULE DEAN OF ADMISSIONS & FIN AID	40.00				x			170,672.	0.		49,	20
)	SCOTT HOOD SVP COMM & PUBLIC AFFAIRS	40.00				x			225,699.	0.		38,	3,
_ )	SARA ORR ASSOC DIR OF PRIVATE EQUITY	40.00					x		330,662.	0.		21,	8
2)	JOHN HOLT FACULTY	40.00					x		205,380.	0.		41,	
)	PATSY DICKINSON FACULTY	40.00					x		207,382.	0.		51,	
)	ELIZABETH ORLIC VP & ASSISTANT TO PRESIDENT	40.00					x		212,519.	0.		55,	
)	TAMA SPOERRI VP OF HUMAN RESOURCES	40.00					x		206,264.	0.		61,	7
)	S.CATHERINE LONGLEY FORMER SVP FIN & ADMIN/TREAS	40.00						x	254,804.	0.		31,	
)	CRISTLE COLLINS JUDD FORMER DEAN FOR ACADEMIC AFF	40.00						x	386,646.	0.			
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A	 	listed				re	ceived more than	\$100,000 of			
	Did the organization list any former offic	er, directo	or, or	trus	stee	, k	ey e	mp	loyee, or highes	t compensated		Yes	
	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le co	mp	ens	atior	n ar	nd other compens	sation from the	3	X	
	<i>individual</i> Did any person listed on line 1a receive or				• •	• •					4	X	
	for services rendered to the organization? If "Yestion B. Independent Contractors										5		1
	Complete this table for your five highest com compensation from the organization. Report of year.												
_	(A)								(B)		(C)		

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

	Check if Schedule O co	ontains a respor	ise or note to any				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under sectior 512-514
1a	10						
b	I		33,000.				
c	<b>J</b>		107,000.				
d	9		2 057 000				
e			2,957,000.				
f	All other contributions, gifts, and similar amounts not included	•	37,205,000.				
			2,277,000.				
g h				40,302,000.			
			Business Code				
2a	TUITION AND FEES		611710	89,116,000.	89,116,000.		
b	DOOM AND DOADD		611710	22,358,000.	22,358,000.		
c	AUVILIARY ENTERDOLOGO		611710	4,589,000.	4,429,000.	160,000.	
d	ADDI LOADION DEEG		611710	147,000.	147,000.		
e	OFF CAMPUS STUDY		611710	294,000.	294,000.		
f	All other program service rev			1,225,000.	1,225,000.		
g			· · · · ►	117,729,000.			
3	Investment income (inc	cluding dividen	ds, interest,				
	and other similar amounts).		▶	8,032,000.		-6,020,000.	14,052,
4	Income from investment of			0.			
5	Royalties		<u></u> ▶	6,000.			б,
		(i) Real	(ii) Personal				
6a	Gross rents	35,000.					
b	Less: rental expenses						
c		35,000.					
d				35,000.	35,000.		
7a		(i) Securities	(ii) Other				
	assets other than inventory	388,825,000.	275,000.				
b	Less: cost or other basis						
	and sales expenses	323,076,000.	707,000.				
C	( )		-432,000.	CE 217 000		1 056 000	62,461
d	- <b>S</b> - ()		•••••	65,317,000.		1,856,000.	63,461,
8a		0					
	events (not including \$						
	of contributions reported on		35,000.				
.	See Part IV, line 18		46,000.				
b c				-11,000.			-11,
9a		activities.	0.				
L							
b	: Net income or (loss) from g	aming activities.		0.			
10a	returns and allowances	a	0.				
b c	Net income or (loss) from sa	les of inventory		0.			
	Miscellaneous Revenu	e	Business Code				
11a			611710	308,000.	308,000.		
b	OTHER REVENUE		611710	471,000.	471,000.		
с			<u> </u>				
d			L	EE0.000			
e	Total. Add lines 11a-11d		Þ 🗌	779,000.			

Form 990 (2016) BOWDOIN C Part IX Statement of Functional Expense			01 02	215213 Page <b>1</b>
Section 501(c)(3) and 501(c)(4) organizations mu		s. All other organization	ns must complete colur	mn (A).
Check if Schedule O contains a resp				
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	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations				· · · · · · · · · · · · · · · · · · ·
and domestic governments. See Part IV, line 21	239,000.	239,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	36,324,000.	36,324,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	302,000.	302,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	5,860,000.	1,722,000.	3,713,000.	425,000
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	279,000.		214,000.	65,000
7 Other salaries and wages	70,476,000.	58,963,000.	7,988,000.	3,525,000
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	7,379,000.	6,145,000.	848,000.	386,000
9 Other employee benefits	9,518,000.	8,052,000.	999,000.	467,000
10 Payroll taxes	5,165,000.	4,201,000.	683,000.	281,000
11 Fees for services (non-employees):				
<b>a</b> Management	0.			
b Legal	577,000.		577,000.	
c Accounting	359,000.		359,000.	
d Lobbying	20,200.		20,200.	
e Professional fundraising services. See Part IV, line 17.	0.		0.0.40.0.0	
f Investment management fees	904,000.		904,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column			1 000 000	1
(A) amount, list line 11g expenses on Schedule O.)	5,527,000.	4,076,000.	1,296,000.	155,000
12 Advertising and promotion	80,000.	78,000.	2,000.	<b>E</b> 2 1 . 0 0 0
13 Office expenses	5,145,000.	3,986,000.	628,000.	531,000
14 Information technology	4,586,000.	3,088,000.	1,493,000.	5,000
15 Royalties	0.	4 525 000	1 042 000	
16 Occupancy	5,580,000.	4,537,000.	1,043,000.	007 000
17 Travel	4,169,000.	3,541,000.	331,000.	297,000
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.	C1 4 000	<u> </u>	100.000
19 Conferences, conventions, and meetings	858,000.	614,000.	62,000.	182,000
20 Interest	12,906,000.	12,132,000.	774,000.	
21 Payments to affiliates	0.	10 226 000	1 0 2 2 0 0 0	
22 Depreciation, depletion, and amortization	12,148,000.	10,326,000.	1,822,000.	
23 Insurance	898,000.	799,000.	99,000.	
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.)	2 510 000	2 510 000		
a PURCHASES FOR RESALE	3,518,000.	3,518,000.		
bLIBRARY MATERIALS	2,903,000.	2,903,000.	00 000	
cFACILITIES MAINT. AND REPAIR	2,225,000.	2,136,000.	89,000.	2 000
dEQP RENTAL, MAINT, REPAIR	1,128,000.	1,013,000.	113,000.	2,000
e All other expenses	1,504,800.	1,065,000.	406,800.	33,000
<ul> <li><b>25 Total functional expenses.</b> Add lines 1 through 24e</li> <li><b>26 Joint costs.</b> Complete this line only if the</li> </ul>	200,578,000.	169,760,000.	24,464,000.	6,354,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)	0.			

JSA 6E1052 1.000

Form 990 (2016)

_		BOWDOIN COLLEGE				ΟŢ				
-	n 990 (:	*					Page <b>11</b>			
Pa	rt X	Balance Sheet								
		Check if Schedule O contains a response or	note	e to any line in this P						
					(A) Beginning of year		(B) End of year			
		Cook you interest hearing					0.			
	1	Cash - non-interest-bearing	• •		57,994,000.	1	63,582,000.			
	2	Savings and temporary cash investments	• • • • • • • • • • • • •	19,188,000.	2	27,779,000.				
	3	Accounts receivable, net	edges and grants receivable, net counts receivable, net							
	4 5	Loans and other receivables from current and for	rmo	r officers directors	2,026,000.	4	1,471,000.			
	J		is, key employees, and highest compensated employees.							
		Contralate Dart II of Calcadula I	-		0.	5	0.			
	6	Loans and other receivables from other disqualified perso	ns (as	defined under section						
		4958(f)(1)), persons described in section $4958(c)(3)(B)$ ,								
		and sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sched	itary e Iule I	employees beneficiary	0.	6	0.			
Assets	7	Notes and loans receivable, net			4,037,000.	7	3,766,000.			
Ass	8	Inventories for sale or use			1,478,000.	8	1,388,000.			
-	9	Prepaid expenses and deferred charges			3,932,000.	9	4,527,000.			
	10 a	Land, buildings, and equipment: cost or								
		other basis. Complete Part VI of Schedule D	10a	416,528,000.						
	b	Less: accumulated depreciation	10b	159,410,000.		10c				
	11	Investments - publicly traded securities			57,210,000.	11	62,915,000.			
	12	Investments - other securities. See Part IV, line 11			1,415,235,000.	12	1,596,955,000.			
	13	Investments - program-related. See Part IV, line 11				13	0.			
	14	Intangible assets			0.	14	0.			
	15	Other assets. See Part IV, line 11				15	17,096,000.			
	16	Total assets. Add lines 1 through 15 (must equal I				16	2,036,597,000.			
	17	Accounts payable and accrued expenses			17,277,000. 2,920,000.	17	20,875,000.			
	18	Grants payable	• • •			18	1,563,000.			
	19 20	Deferred revenue			117,431,000.	19 20	117,398,000.			
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Par	+ 1) / c	of Sabadula D	446,000.	20	611,000.			
6	21	Loans and other payables to current and for			110,000.	21	011,000.			
Liabilities	~~	trustees, key employees, highest compens								
lid		disqualified persons. Complete Part II of Schedule L			0.	22	0.			
Ë	23	Secured mortgages and notes payable to unrelate			6,151,000.	23	32,975,000.			
	24	Unsecured notes and loans payable to unrelated th			0.	24	0.			
	25	Other liabilities (including federal income tax, p								
		parties, and other liabilities not included on lines	17-24	4). Complete Part X						
		of Schedule D			191,697,000.	25	231,396,000.			
	26	Total liabilities. Add lines 17 through 25			337,245,000.	26	407,738,000.			
		Organizations that follow SFAS 117 (ASC 958), o	heck	here 🕨 🔀 and						
ces		complete lines 27 through 29, and lines 33 and 3	<b>84</b> .							
lan	27	Unrestricted net assets			214,395,000.	27	234,041,000.			
Ba	28	Temporarily restricted net assets			763,981,000.	28	869,487,000.			
Fund Balances	29	Permanently restricted net assets			516,116,000.	29	525,331,000.			
or Fl		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	checl	k here 🕨 🔄 and						
<u></u> its	30	Capital stock or trust principal, or current funds			30					
SSE	31	Paid-in or capital surplus, or land, building, or equi	omen	it fund		31				
Net Assets or	32	Retained earnings, endowment, accumulated inco	me, c	or other funds		32				
Ne	33	Total net assets or fund balances			1,494,492,000.	33	1,628,859,000.			
	34	Total liabilities and net assets/fund balances			1,831,737,000.	34	2,036,597,000.			
							Form <b>990</b> (2016)			

Form 9	90 (2016)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		00,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		31,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		94,4		
5	Net unrealized gains (losses) on investments	5		98,5	81,(	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4,1	75,0	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	1,63	28,8	59,0	000.
Part						
	Check 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

Form **990** (2016)

# SCHEDULE A

# (Form 990 or 990-EZ)

# Public Charity Status and Public Support

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

 e Treasury
 ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2016
Open to Public
Inspection

► Info	rmation about	Schedule A (Form	990 or 990-EZ	and its instructions i	s at www.irs.gov/form990.
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		ne organization					Employer identifi	ication number
BOI	IDO:	IN COLLEGE					01-02152	
Ра	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complete	e this pa	rt.) See instructions	S
The	orga	anization is not a private fou					,	
1		A church, convention of chu						
2	Х	A school described in secti			-			
3		A hospital or a cooperative		-				
4		A medical research organiz	-	conjunction with a ho	spital de	scribed ir	a section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated t section 170(b)(1)(A)(iv). (C		a college or universit	ty owned	d or ope	rated by a governme	ental unit described in
6		A federal, state, or local go	overnment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	-	-	pport fro	om a gov	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe	-		-			
9		An agricultural research or	-			-		
		or university or a non-land-	grant college of ag	riculture (see instruct	tions). Ei	nter the r	name, city, and state o	f the college or
		university:						
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized	ted to its exempt f nent income and up n after June 30, 19	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco <b>(a)(2).</b> (C	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its
12		An organization organized						carry out the purposes
. –		of one or more publicly su		-				
		Check the box in lines 12a t						
а		<b>Type I</b> . A supporting orga	-				-	-
-		the supported organization	on(s) the power to	regularly appoint or e	lect a m			
		supporting organization.	•					
b		<b>Type II</b> . A supporting org	-					
		control or management of		-	the sam	e person	is that control of man	lage the supported
		organization(s). You must					e su l'Ale se e al ferre e l'este el	U - toto and to do the
С		_ Type III functionally integ		·				lly integrated with,
		its supported organization	. , .	· ·				
d		Type III non-functionally			•			• • • •
		that is not functionally inte			-		-	d an attentiveness
		requirement (see instruct		-				. <del>.</del>
е		Check this box if the orga						II, Type III
	<b>F</b>	functionally integrated, or				organizat	ion.	
T		ter the number of supported	0					•••••
g		ovide the following information			(			(1.1) A
	(I) N	ame of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ul.							

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

Schedule A (Form 990 or 990-EZ) 2016

JSA 6E1210 1.000 8835B 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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,596,000.	44,907,000.	61,200,000.	32,713,000.	40,302,000.	223,718,000.
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	44,596,000.	44,907,000.	61,200,000.	32,713,000.	40,302,000.	223,718,000.
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)						31,301,698.
6	Public support. Subtract line 5 from line 4.						192,416,302.
	tion B. Total Support	(-) 0040	(1-) 0040	(-) 0044	(-1) 0045	(-) 0040	(A) T-+-1
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	44,596,000.	44,907,000.	61,200,000.	32,713,000.	40,302,000.	223,718,000.
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on	13,658,000.	13,692,000.	13,153,000.	12,306,000.	14,093,000.	66,902,000.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	21,000.	7,000.	40,000.	40,000.	35,000.	143,000.
11	Total support. Add lines 7 through 10						292,010,000.
12	Gross receipts from related activities, etc. (s	see instructions)				12	560,241,000.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li					14	65.89%
15	Public support percentage from 2015					15	64.82%
16a	331/3% support test - 2016. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2015. If the c	-					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		upported
	organization						▶⊔
b	10%-facts-and-circumstances test - 2		5				
	15 is 10% or more, and if the orga						-
4.5	Explain in Part VI how the organizati supported organization						
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016

# 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
7 a	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	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						
	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	·	Lion's first soos	 and third fourth	or fifth tox y		$\sum_{n=1}^{\infty} E01(n)(2)$
14	organization, check this box and stop here	-					
500	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8			mn (f))		15	%
16	Public support percentage from 2015 Sch					16	<u> </u>
	tion D. Computation of Investme			<u></u>		10	70
17	Investment income percentage for <b>2016</b> (li			13 column (f))		17	%
18	Investment income percentage for 2016 (Investment income percentage from 2015)					18	<u> </u>
	<b>331/3% support tests - 2016.</b> If the or						
150	17 is not more than 331/3%, check th						
h	331/3% support tests - 2015. If the organization	-	•				
5	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization						
JSA				,, 0. 100			990 or 990-EZ) 2016

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

7

8

9a

9b

9c

10a

10b

01-0215213

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in **Part VI**.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "Yes," *provide detail in Part VI.*
- **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? *If* "*Yes*," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** 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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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-	ule A (Form 990 or 990-EZ) 2016			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	ion 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? 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.	1		
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? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion 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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion 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?	1		
2				
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? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
		3		
	ion 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	e instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ű	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
~	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2016

3a

Schedule A (Form 990 or 990-EZ) 2016

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	-		,
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):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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).

Schedule A (Form 990 or 990-EZ) 2016

Sect	V Type III Non-Functionally Integrated 509(a)(3) tion D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
_	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Page 8

#### Schedule A (Form 990 or 990-EZ) 2016

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.)

SCHEDULE A, PART II -	OTHER INCOME	6			ATTACHMENT	1
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
FUNDRAISING RECEIPTS	21,000.	7,000.	40,000.	40,000.	35,000.	143,000.
TOTALS	21,000.	7,000.	40,000.	40,000.	35,000.	143,000.

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

2016

Attach to Fe	orm 990, For	m 990-E2	Z, or Fori	n 99	0-PF.	

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

Employer identification number

Name of the organization BOWDOIN COLLEGE

01-0215213

#### Organization type (check one):

Section:
X 501(c)( <sup>3</sup> ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BOWDOIN COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$10,050,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$4,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,025,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 01-0215213

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 4
Name of organization BOWDOIN COLLEGE	Employer identification number
	01-0215213
Dert III - Freheinsterneligieus, cheritable, etc. contributione te experientieus described	1 = 2 + 1 = 2 = 2 + 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =

Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed in section 501(c)(7), (8), or					
	(10) that total more than \$1,000 for								
	the following line entry. For organizati	ons completing Par	t III, enter the total	of exclusively religious, charitable, etc.,					
	contributions of \$1,000 or less for the	e year. (Enter this in	formation once. Se	ee instructions.) ► \$					
	Use duplicate copies of Part III if addit	ional space is neede	ed.	,					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of aift						
	- /		-						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	Transforas's name address ar	(e) Transf		achin of transform to transform					
	Transferee's name, address, ar	10 217 + 4	Relation	nship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
			- <u></u>						

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	rtment of the Treasury al Revenue Service		ete if the organization is described be on about Schedule C (Form 990 or §		to Form 990 or Form 990-I ctions is at www.irs.gov/for	
lf the	e organization answ		on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		46 (Political Campaign Activit	
		0	n 501(c)(3)) organizations: Complete I		Do not complete Part I-B.	
•	Section 527 organiz	ations: Compl	lete Part I-A only.			
	•	-	on Form 990, Part IV, line 4, or Form			
	( )( )	0	hat have filed Form 5768 (election un	( ))	•	•
If the		vered "Yes," o	hat have NOT filed Form 5768 (electi on Form 990, Part IV, line 5 (Proxy	,		-
•	Section 501(c)(4), (	5), or (6) orga	nizations: Complete Part III.			
Nam	e of organization				Employer ide	ntification number
-	DOIN COLLEGE				01-0215	
Pa	rt I-A Comple	ete if the o	rganization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a descrip of "political camp		organization's direct and indirect pes")	political campaign a	activities in Part IV. (see i	nstructions for definition
2			penditures (see instructions)			
3			campaign activities (see instruction			
Par			rganization is exempt under s			
1			se tax incurred by the organizatio			
2			se tax incurred by organization m			
3	If the organization	n 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					
Par	t I-C Comple	te if the o	rganization is exempt under	section 501(c), e	except section 501(c)(3	).
1			pended by the filing organization			
2	Enter the amount	t of the filing	g organization's funds contributed	to other organiza	tions for section	
3	•	•	nditures. Add lines 1 and 2. En			
4 5	Did the filing orga Enter the names, organization mad the amount of po	anization file , addresses a de payments plitical contr	Form 1120-POL for this year? and employer identification numb . For each organization listed, en ibutions received that were prom d or a political action committee (	er (EIN) of all sect ter the amount pa ptly and directly d	ion 527 political organiza id from the filing organiz elivered to a separate po	ations to which the filing ation's funds. Also enter litical organization, such
	<b>(a)</b> Name		<b>(b)</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)				-		
For I	Paperwork Reductio	on Act Notice	, see the Instructions for Form 990 o	⊥ r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2016

**Political Campaign and Lobbying Activities** 

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

JSA 6E1264 1.000 8835BZ 1592

SCHEDULE C

(Form 990 or 990-EZ)

PAGE 28

OMB No. 1545-0047

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Sch	edule C (Form 990 or 990-EZ) 2016 BOWDOL	N COLLEGE	01=0	
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
в	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	: Total lobbying expenditures (add lines 1	a and 1b)		
c	d Other exempt purpose expenditures			
e	e Total exempt purpose expenditures (add	d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter th	e 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.		
		5% of line 1f)		
		ess, enter -0-		
i		ss, enter -0		
j		on either line 1h or line 1i, did the organiza		
	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)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

_		2
Pag	e	J

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	and "Van" reasoned on lines to through the below provide in Port IV a datailed		a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		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:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?	Х		20,200
i	Total. Add lines 1c through 1i			20,200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$ section $501$	(c)(5)	ors	section

501(c)(6).						
		Γ				
	1	Γ				

			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 campaign activity 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).		
а	Current year	2a	
	Carryover from last year.		
	Total	-	
-	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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	

#### **Supplemental Information** Part IV

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.

#### LOBBYING ACTIVITIES

PART II-B, LINE 11

THE ORGANIZATION PAYS MEMBERSHIP DUES TO ASSOCIATIONS WHICH MAY ENGAGE IN

#### LOBBYING ACTIVITIES.

Page 4

Part IV Supplemental Information (continued)

# 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.

	rtment of the Treasury al Revenue Service	Information about Schedule	Attach to Form 990. e D (Form 990) and its instructions is at www	w.irs.gov/form990. Inspection		
	e of the organization			Employer identification number		
BOW	DOIN COLLEGE			01-0215213		
Ра	rt I Organiza	tions Maintaining Donor Advi	sed Funds or Other Similar Funds	or Accounts.		
	Complete	e 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 e	nd of year				
2		of contributions to (during year)				
3	Aggregate value c	of grants from (during year)				
4	Aggregate value a	it end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing that the assets he	ld in donor advised		
	funds are the orga	nization's property, subject to the	organization's exclusive legal control?	Yes 🛄 No		
6			nd donor advisors in writing that gran			
			fit of the donor or donor advisor, or fo			
_			<u> </u>	Yes No		
Pa		tion Easements.				
			"Yes" on Form 990, Part IV, line 7.			
1			organization (check all that apply).			
		n of land for public use (e.g., reci of natural habitat		on of a historically important land area		
				on of a certified historic structure		
2		n of open space	eld a qualified conservation contribution	in the form of a conservation		
2		ast day of the tax year.	a qualined conservation contribution	Held at the End of the Tax Year		
а						
b			· · · · · · · · · · · · · · · · · · ·			
c	-	-	, historic structure included in (a)			
d			) acquired after 8/17/06, and not on a			
ŭ						
3				ninated by the organization during the		
	tax year ▶		,			
4			rvation easement is located ►			
5			arding the periodic monitoring, inspe			
	violations, and enf	orcement of the conservation eas	sements it holds?	Yes No		
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year		
	▶					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the yea					
	▶\$					
8		-	2(d) above satisfy the requirements of se			
9		<b>u</b> .	conservation easements in its revenue a	•		
		d include, if applicable, the text o ounting for conservation easeme	f the footnote to the organization's fina	incial statements that describes the		
Pa			of Art, Historical Treasures, or Otl	her Similar Assets		
- a	•	•	"Yes" on Form 990, Part IV, line 8.			
1a	•	• •		ts revenue statement and balance sheet		
īa	works of art, hist	orical treasures, or other simila	ar assets held for public exhibition, e	ts revenue statement and balance sheet ducation, or research in furtherance of lescribes these items.		
b				s revenue statement and balance sheet		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items:					
(i) Revenue included in Form 990, Part VIII, line 1						
2				ar assets for financial gain, provide the		
-	•		FAS 116 (ASC 958) relating to these ite	- · ·		
а	-					
b	Assets included in	Form 990, Part X		<u></u> <b>▶</b> \$		
For F	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2016		

OMB No. 1545-0047

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01-0215213

		IDOIN COLLEGE						01	-021	.5213	_
	dule D (Form 990) 2016	<u> </u>		·			0/1		•		Page 2
Par		-									,
3	Using the organization's acquisition		other record	ds, check	k any o	of the	follow	ing that are	a sign	inficant us	se of its
	collection items (check all that app	iy):		ı.							
a	X Public exhibition		d X	1	or excha	ange p	orograr	ns			
b	X Scholarly research		e	Other							
С	X Preservation for future gene										
4	Provide a description of the orga	nization's collections	and expla	in how t	hey fur	rther t	the org	ganization's e	xempt	purpose	in Part
	XIII.										
5	During the year, did the organization								_		
	assets to be sold to raise funds rati		ained as pai	rt of the c	organiza	ation's	s collec	ction?		Yes	X No
Par				000 D	( I) / I						_
	Complete if the organiza 990, Part X, line 21.								noun	t on Forr	n
1a	Is the organization an agent, truste	ee, custodian or othe	er intermedi	iary for c	ontribut	tions c	or other	r assets not			
	included on Form 990, Part X?								[	Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the foll	owing tab	ole:						
								Amo	unt		
с	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am	ount on Form 990, I	Part X, line	21, for e	scrow	or cus	todial	account liabilit	y?	X Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the ex	planation	has be	en pro	ovided (	on Part XIII			X
Par											
	Complete if the organizat	tion answered "Yes	s" on Form	990, Pa	art IV, I	ine 10	0.				
		(a) Current year	<b>(b)</b> Prior		(c) Tw	o years	back	(d) Three years	back	<b>(e)</b> Four y	
1a	Beginning of year balance	1339981000.	139276			6030		10386400			54,000
b	Contributions	16,132,000.	21,497	7,000.	49,	184,	000.	24,142,0	000.	32,4	65,000
С	Net investment earnings, gains,										
	and losses	163,263,000.	-19,070	),000.	176,	205,	000.	198,297,0	000.	145,4	35,000
d	Grants or scholarships	25,996,000.	22,736	5,000.	20,	423,	000.	18,135,0	000.	16,8	000,80
	Other expenditures for facilities										
	and programs	31,308,000.	27,236	5,000.	24,	768,	000.	23,423,0	00.	21,2	83,000
f	Administrative expenses	6,163,000.	5,234	1,000.	3,	468,	000.	3,491,0	000.	3,5	83,000
g	End of year balance	1455909000.	133998	31000.	139	2760	000.	12160300	000.	1038	540000
2	Provide the estimated percentage	of the current vear	end balance	e (line 1a.	column	n (a)) h	neld as:	:			
а	Board designated or quasi-endown	nent  8.2700	%	( - <u></u> ,		(-7)					
b	Permanent endowment  34.2										
с	Temporarily restricted endowment	▶ 57.6300 %									
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	e organiza	tion that	are hel	d and	admin	istered for the			
	organization by:									Y	es No
	(i) unrelated organizations									3a(i)	Х
	(ii) related organizations									3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related	ed organizations liste	d as require	d on Sch	edule R	?				3b	
4	Describe in Part XIII the intended	uses of the organiza	tion's endov	vment fur	nds.						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment. Ition answered "Ye	s" on Forn	n 990. P	art IV.	line 1	1a. S	ee Form 990	). Par	t X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost c	or other ba		(c) Acc	umulated		) Book valu	
1 -	Land	(invest	ment)		ther) 20,00		depre	eciation		E 10	
1a b	Land				500,00		21 2	07,000.		226,39	<u>,000.</u>
u C	Buildings	•••••			387,00			28,000.			9,000.
d	Leasehold improvements				57,00			<u>28,000.</u> 65,000.			2,000.
e e	Equipment Other				37,00 364,00			10,000.			4,000.
	Other I. Add lines 1a through 1e. (Columr		n QQA Part							257,11	
1010		i ta) masi eyuar i Om	, 550, 1°ait i	.,	יין, יין, יי		·/••••	🚩			.,

Schedule D (Form 990) 2016

Part VII

Page 3

# 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) FIXED INCOME	17,015,000.	FMV				
(B) EQUITIES	382,897,000.	FMV				
(C) ABSOLUTE RETURN	613,281,000.	FMV				
(D) ALTERNATIVE INVESTMENTS	583,762,000.	FMV				
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,596,955,000.					

## 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.)		

#### Other Assets.

Part IX

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	
(2) LIABILITY: POST-RETIREMENT BENEFIT	16,428,000.
(3) ASSET RETIREMENT OBLIGATION	1,436,000.
(4) LIABILITY FOR PV OF LIFE INCOME	15,869,000.
(5) FAIR VALUE OF INTEREST RATE SWAP	6,522,000.
(6) TAXABLE BOND LIABILITIES	191,141,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	231,396,000.

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

BOWDOIN	COLLEGE
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Schedu	le D (Form 990) 2016				Page <b>4</b>	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV		1	328,828,000.		
1	Total revenue, gains, and other support per audited financial statements		• • • • • • • • • • • •		010/010/0001	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	98,581,000.			
а	Net unrealized gains (losses) on investments		J0, J01, 000.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	4,175,000.			
d	Other (Describe in Part XIII.)	2d			100 756 000	
е	Add lines 2a through 2d			2e	102,756,000.	
3	Subtract line 2e from line 1			3	226,072,000.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,163,000.			
b	Other (Describe in Part XIII.)	4b	-46,000.			
c Add lines 4a and 4b					6,117,000.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	232,189,000.	
Part				rn.		
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	194,461,000.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses.	2c				
d	Other (Describe in Part XIII.)	2d	46,000.			
е	Add lines 2a through 2d			2e	46,000.	
3	Subtract line 2e from line 1			3	194,415,000.	
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	6,163,000.			
b	Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b					6,163,000.	
5	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )			4c 5	200,578,000.	
-	Part XIII Supplemental Information.					
Provide the descriptions required for Port II, lines 2, 5, and 0; Port III, lines 1a and 4; Port IV, lines 1b and 2b; Port V, line 4; Port V, line						

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ORGANIZATIONS MAINTAINING COLLECTIONS

PART III, LINE 1A

THE COLLEGE DOES NOT CAPITALIZE COLLECTIONS, PRIMARILY ART OBJECTS, AS THEY ARE HELD FOR PUBLIC EXHIBITION AND EDUCATION RATHER THAN FINANCIAL GAIN. PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTION.

#### ORGANIZATION'S COLLECTIONS

PART III, LINE 4

COLLEGE COLLECTIONS ARE PRIMARILY ART OBJECTS HELD FOR PUBLIC EXHIBITION AND EDUCATION.

## CUSTODIAL ACCOUNTS

PART IV, LINE 2B

THE COLLEGE SERVED AS THE AGENT INSTITUTION FOR THE INTERCOLLEGIATE SRI LANKA EDUCATION PROGRAM: \$588,000; SECURITY DEPOSITS ON RENTAL PROPERTIES: \$23,000

#### ENDOWMENT FUNDS

#### PART V, LINE 4

THE COLLEGE'S ENDOWMENT IS INVESTED WITH THE INTENT OF BALANCING THE GOALS OF GENERATING A STEADY, STABLE STREAM OF FUNDS TO SUPPORT THE CURRENT OPERATIONS OF THE COLLEGE WHILE PRESERVING THE PURCHASING POWER OF THE ENDOWMENT TO SUPPORT PROGRAMS AND INITIATIVES FOR FUTURE GENERATIONS OF BOWDOIN STUDENTS.

Schedule D (Form 990) 2016 BOWDOTN COLLEGE	01-0215213
Part XIII Supplemental Information (continued)	
FIN 48 (ASC 740) FOOTNOTE	
PART X, LINE 2	
THE COLLEGE IS A NOT-FOR-PROFIT ORGANIZATION AND IS GENERA	LLY EXEMPT FROM
INCOME TAXES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTE	RNAL REVENUE
CODE, AS AMENDED. THE COLLEGE ASSESSES UNCERTAIN TAX POSIT	IONS AND HAS
DETERMINED THERE WERE NO SUCH POSITIONS THAT HAVE A MATERI	AL EFFECT ON
THE FINANCIAL STATEMENTS.	
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
PART XI, LINE 2D	
NET UNREALIZED GAIN ON INTEREST RATE SWAP	\$2,449,000
POSTRETIREMENT-RELATED CHANGES OTHER THAN	
NET PERIODIC COST	\$1,498,000
NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS	\$580,000
GAIN ON ASSET RETIREMENT OBLIGATION	\$48,000
UNCOLLECTIBLE PLEDGES	(\$400,000)
-	
TOTAL	\$4,175,000
OTHER REVENUE INCLUDED ON FORM 990 NOT IN F/S	
PART XI, LINE 4B	
DIRECT EXPENSES FOR FUNDRAISING EVENTS	(\$46,000)
OTHER EXPENSE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
PART XII, LINE 2D	
DIRECT EXPENSES FOR FUNDRAISING EVENTS	\$46,000

BOWDOIN COLLEGE

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

# **Schools**

OMB No. 1545-0047

YES NO

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.

990 0 ..... /form990. \_ .\_ .

Department of the Treasury Internal Revenue Service Name of the organization

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

	2016					
rm990.	Open to Public Inspection					
nployer identification number						

01-0215213

BOWDOIN	COLLE	GE						
Part I								

by away, other governing instrument, or in a resolution of its governing body?       1       X         2       Does the organization inductive a statement of its racially nondiscriminatory policy toward students in all its programs, and scholarships?       2       X         3       Has the organization publicized its racially nondiscriminatory policy through newspaper or breadcast model 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       X         3       SEE SUPPLEMENTAL PAGE       3       X         4       Does the organization basis?       4a       X         4       Does the organization basis?       4a       X         5       Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         4       Obes the organization basis?       4a       X       4a       X         6       Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4a       X         6       Copies of all catalogues?       5a       X       X         7       Joes the organization discriminate by race in any way with respect to:       3a	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       2       X         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       X         SEE SUPPLEMENTAL PAGE       4a       X         bescribe. If a conduction maintain the following?       4a       X         c Copies of all catalogues, brochures, announcements, and other financial assistance are awarded on a racially nondiscriminatory basis?       4a       X         c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4d       X         d Copies of all material used by the organization or on its behalf to solici contributions?       5a       X         d Copies of all material used by the organization or on its behalf to solici contributions?       5a       X         d Students' rights or privileges?       5a       X         b Admissions policies?       5a       X         c Enducational policies?       5a       X         g Athletic programs?       5a       5a       X			1	X	
programs, and scholarships?       2       X         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       X         SEE SUPPLEMENTAL PAGE	2				
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e       Educational policies?       5e       X         f       Use of facilities?       5f       X         g       Athletic programs?       5g       X         h       Other extracurricular activities?       5h       X         lf you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         if you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       6a       X         if you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       6a       X         if you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       6a       X         if you answered "Yes" to any of the above, please explain on Part II.       6b       X         b       Has the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         if you answered "Yes" on either line 6a or line 6b, explain on Part II.       7       X         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       X	С	Employment of faculty or administrative staff?	5c		X
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f       Use of facilities?       5f       X         g       Athletic programs?       5g       X         h       Other extracurricular activities?       5h       X         lf you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6a       X         if you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X	d	Scholarships or other financial assistance?	5d		X
f       Use of facilities?       5f       X         g       Athletic programs?       5g       X         h       Other extracurricular activities?       5h       X         lf you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6a       X         if you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X			_		37
g Athletic programs?       5g       X         h Other extracurricular activities?       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X	е	Educational policies?	5e		X
g Athletic programs?       5g       X         h Other extracurricular activities?       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X			-		v
h       Other extracurricular activities?       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X	t		51		
h       Other extracurricular activities?       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X			<b>F</b>		v
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       Image: Construction of the above, please explain. If you need more space, use Part II.         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X	g	Aunieuc programs?	gc		
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       Image: Construction of the above, please explain. If you need more space, use Part II.         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X	L	Other extracurricular activities?	5 h		x
6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         if you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X		If you answered "Vee" to any of the above, please explain If you need more space, use Part II	511		
b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X		if you answered Tes to any of the above, please explain. If you need more space, use Fait II.			
b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X					
b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X					
b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X					
b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       X	62	Does the organization receive any financial aid or assistance from a governmental agency?	62	х	
If you answered "Yes" on either line 6a or line 6b, explain on Part II.       Image: complex of 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       Image: complex of the applicable requirements of through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II       Image: complex of the applicable requirements of through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II       Image: complex of the applicable requirements o					X
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       X	D.				
4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II 7 X	7	•			
	-		7	х	
	For P		-		2016

Page 2

**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).

RACIALLY NONDISCRIMINATORY POLICY

PART I, LINE 3

THE ACADEMIC HANDBOOK CONTAINS A STATEMENT OF BOWDOIN COLLEGE'S

NON-DISCRIMINATION POLICY. THE ACADEMIC HANDBOOK IS PUBLISHED ONLINE AT

THE COLLEGE'S WEBSITE - WWW.BOWDOIN.EDU/ACADEMIC-HANDBOOK.

EXPLANATION OF GOVERNMENT FINANCIAL AID

PART I, LINE 6A

THE COLLEGE PARTICIPATES IN VARIOUS STUDENT FINANCIAL AID PROGRAMS FROM THE U.S. DEPARTMENT OF EDUCATION, INCLUDING THE FOLLOWING: PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PERKINS LOANS AND COLLEGE WORK STUDY PROGRAMS.

SCH	IEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted Stat	es 🗅	MB No. 1545-0047		
(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						r 16.	2016			
► Attach to Form 990. Department of the Treasury ► Information about Schedule F (Form 990) and its instructions is at						at www.irs.gov/form990.				
	al Revenue Service of the organization					- En	nployer identifica			
	DOIN COLLEGE						01-02152			
Par		formation o	n Activities (	utsida tha ll	nited States. Complete i	f the organiz				
	Form 990, F	Part IV, line 14	о.		· · · · · · · · · · · · · · · · · · ·					
1	assistance, the gra	ntees' eligibili	ty for the grant	s or assistance	substantiate the amount of e, and the selection criteri	a used to av	vard the	X Yes No		
2	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of	its grants a	and other		
3	Activities per Regi	on (The follow	ving Part I line	3 table can be	e duplicated if additional sp	ace is neede	be d			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity a progra describe sp	v listed in (d) is im service, becific type of in the region	(f) Total expenditures for and investments in the region		
(1)	EAST ASIA AND THE	PACIFIC			GRANTMAKING			57,000.		
(2)	EUROPE				GRANTMAKING			245,000.		
(3)	NORTH AMERICA				INVESTMENTS			1,000.		
_(4)	CENTRAL AMERICA/CA	ARIBBEAN			INVESTMENTS			819,677,000.		
(5)	EAST ASIA AND THE	PACIFIC			INVESTMENTS			7,000.		
(6)	EUROPE				INVESTMENTS			835,000.		
(7)	SOUTH AMERICA				INVESTMENTS			1,000.		
(8)	SUB-SAHARAN AFRICA	Ą			INVESTMENTS			21,050,000.		
(9)	EUROPE				FUNDRAISING			3,000.		
<u>(10)</u>	CENTRAL AMERICA/CA	ARIBBEAN			PROGRAM SERVICES	SEE PART V		5,000.		
<u>(11)</u>	RUSSIA/INDEPENDEN	I STATES			PROGRAM SERVICES	SEE PART V		1,000.		
<u>(12)</u>	EAST ASIA AND THE	PACIFIC			PROGRAM SERVICES	SEE PART V		32,000.		
(13)	EAST ASIA AND THE	PACIFIC			PROGRAM SERVICES	STUDENT RE	CRUITMENT	8,000.		
(14)	EUROPE				PROGRAM SERVICES	SEE PART V		155,000.		
<u> </u>										
<u>(15)</u>	EUROPE				PROGRAM SERVICES	STUDENT REG	CRUITMENT	3,000.		
<u>(16)</u>	NORTH AMERICA				PROGRAM SERVICES	SEE PART V		67,000.		
(17)	NORTH AMERICA				PROGRAM SERVICES	STUDENT RE	CRUITMENT	2,000.		
<u>(17)</u> 3a								842,149,000.		
Ja b			<u> </u>							
5	sheets to Part I		1.	1.				24,000.		
с	Totals (add lines		1.	1.				842,173,000.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1274 1.000 8835BZ 1592

Schedule F (Form 990) 2016

SCH	EDULE F	Stater	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.							2016
	nent of the Treasury Revenue Service	► Informatio	on about Schedu	/w.irs.gov/form990.	Open to Public Inspection		
	of the organization					Employer iden	tification number
	OIN COLLEGE					01-021	
Part		formation o Part IV, line 14		Outside the U	nited States. Complete i	if the organization and	swered "Yes" on
ä	assistance, the gra	ntees' eligibili	ity for the gran	ts or assistance	substantiate the amount of e, and the selection criteri	ia used to award the	X Yes No
	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its grar	ts and other
3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace 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 the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of	expenditures for and investments
(1)	NORTH AMERICA		1.	1.	PROGRAM SERVICES	SCIENTIFIC STATION	2,000.
(2)	SOUTH AMERICA				PROGRAM SERVICES	SEE PART V	5,000.
(3)	SOUTH AMERICA				PROGRAM SERVICES	STUDENT RECRUITMENT	2,000.
(4)	SOUTH ASIA				PROGRAM SERVICES	SEE PART V	6,000.
(5)	NORTH AMERICA				FUNDRAISING		1,000.
(6)	SUB-SAHARAN AFRIC	Ą			PROGRAM SERVICES	SEE PART V	8,000.
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>							
3a b	Sub-total Total from sheets to Part I	continuation					

 
 c
 Totals (add lines 3a and 3b)

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 JSA 6E1274 1.000 8835BZ 1592

Schedule F (Form 990) 2016

# BOWDOIN COLLEGE

Schedule F (F	Form 990) 2016	Page 4
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.	

(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)
	(a) Name of organization	(a) Name of organization       (b) IRS code section and EIN (if applicable)         (a) Name of organization       (b) IRS code section and EIN (if applicable)         (a) Name of organization       (c)	(a) Name of organization(b) IRS code section and EIN (if applicable)(c) RegionImage: Image:	(a) Name of organization(b) IRS code section and EIN (if applicable)(c) Region(d) Purpose of grant(if applicable) </td <td>(a) Name of organization(b) RS code section and E(N) (if applicable)(c) Region(d) Purpose of gront(e) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of cosh grant(b) Purpose of grant(c) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of cosh grant(b) Purpose of grant(c) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of<b< td=""><td>(a) Name of organization(b) IRS code scient and EIN (fl applicable)(c) Region(f) Purpose of grant(e) Amount of cash grant(f) Maner of disbutsement(a) Name of organizationII</td><td>(a) Nome of organization(b) RS code selection and EN (if applicable)(c) Region(b) Purgoes of grint(b) Amount of cash grant(d) Amount of nonceh disbursement(d) Amount of nonceh assistanceImage: construction of organization(b) Purgoes of (if applicable)(b) Purgoes of grint(b) Purgoes of grint(b) Amount of cash grant(b) Amount of cash grant(c) Amount of cash grant&lt;</td><td>(a) Name of organization(b) Rescoids section addition(b) Rescoids grant(b) Manour of cash grant(b) Manour of cash grant(b) Description of section additions sististance(a) Name of organizationName of section additionsName of grant(b) Manour of cash grant(b) Description of sections assistance(b) Description of sections assistance(b) Description of sections assistance(b) Description of sections assistance(a) Name of Cash grantName of Cash grant(b) Name of Cash grant (cash grant)(b) Name of Cash grant (cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash grant)(cash</td></b<></br></br></br></br></br></br></br></br></br></td>	(a) Name of organization(b) RS code section and E(N) (if applicable)(c) Region(d) Purpose of gront(e) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of cosh grant(b) Purpose of grant(c) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of cosh grant(b) Purpose of grant(c) Amount of cosh grant(a) Name of organization(a) Amount of (if applicable)(a) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of (c) Amount of 	(a) Name of organization(b) IRS code scient and EIN (fl applicable)(c) Region(f) Purpose of grant(e) Amount of cash grant(f) Maner of disbutsement(a) Name of organizationII	(a) Nome of organization(b) RS code selection and EN (if applicable)(c) Region(b) Purgoes of grint(b) Amount of cash grant(d) Amount of nonceh disbursement(d) Amount of nonceh assistanceImage: construction of organization(b) Purgoes of (if applicable)(b) Purgoes of grint(b) Purgoes of grint(b) Amount of cash grant(b) Amount of cash grant(c) Amount of cash grant<	(a) Name of organization(b) Rescoids section addition(b) Rescoids grant(b) Manour of cash grant(b) Manour of cash grant(b) Description of section additions sististance(a) Name of organizationName of section additionsName of grant(b) Manour of cash grant(b) Description of sections assistance(b) Description of sections assistance(b) Description of sections assistance(b) Description of sections assistance(a) Name of Cash grantName of Cash grant(b) Name of Cash grant (cash grant)(b) Name of Cash grant (cash grant)(cash

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

Schedule F (Form 990) 2016

Page 2

Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL AID	EAST ASIA/PACIFIC	б.	57,000.	WIRE TRANSF			
(2) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	22.	245,000.	WIRE TRANSF			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

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

Schedule F (Form 990) 2016

# Page 3

01-0215213

BOWDOIN COLLEGE

Schedule F (Form 990) 2016

Page <b>4</b>

Part	V 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)	X Ye	es 🗌	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; do not file with Form 990)	Ye	zs X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form</i> 5471)	X Ye	ıs	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? <i>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)</i>	X Ye	ıs	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)	X Ye	is	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Ye	es X	No

Schedule F (Form 990) 2016

#### 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).

MONITOR THE USE OF GRANT FUNDS

PART I, LINE 2

ELIGIBILITY FOR BOWDOIN GRANT ASSISTANCE IS "NEED BASED" AND DETERMINED THROUGH ANALYSIS OF A FAMILY'S INCOME AND ASSETS. FAMILY INFORMATION IS COLLECTED THROUGH THE COLLEGE BOARD'S CSS/FINANCIAL AID PROFILE FORM, FEDERAL FAFSA AND THE FAMILY'S FEDERAL INCOME TAX RETURNS. EXCEPT FOR NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE DOES NOT OFFER MERIT BASED SCHOLARSHIPS. THE COLLEGE MAINTAINS A FINANCIAL AID OFFICE TO COUNSEL STUDENTS/FAMILIES ON HOW TO AFFORD A BOWDOIN EDUCATION AND TO ENSURE THAT AWARDS ARE IN COMPLIANCE WITH ESTABLISHED POLICIES AND PROCEDURES.

PROGRAM SERVICE ACTIVITIES

PART I, LINE 3, COLUMN E

PROGRAM SERVICES ACTIVITY INCLUDES STUDENT EDUCATION RELATED TRAVEL, FACULTY AND STAFF PROFESSIONAL DEVELOPMENT, RESEARCH, AND RELATED TRAVEL.

BASIS OF ACCOUNTING

PART I, LINE 3, COLUMN F

THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

Page 5

00115		Supplemen	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047			
	DULE G 990 or 990-EZ)			ne organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Departn	nent of the Treasury				or Form 990			Open to Public			
	Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ii		Inspection			
	f the organization						Employer identificat				
_	OIN COLLEGE			<u> </u>			01-0215213				
Part		ng Activities. Com				"Yes" on Form	990, Part IV, line	e 17.			
		)-EZ filers are not i									
1	Indicate whether	the organization rais	sed funds through a		0		,				
а	Mail solicitat	grants									
b	Internet and	email solicitations	f			government grant	S				
С	Phone solicit		g	Spec	cial fundra	ising events					
d	In-person so	licitations									
b	or key employees If "Yes," list the 1	ion have a written of s listed in Form 990, 10 highest paid indiv east \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be			
		ame and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser ha custody or control or contributions?		r control of	<b>(iv)</b> Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
				Yes	No						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total		<u></u>	<u></u>								
	List all states in registration or lice	which the organizat ensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	d it is exempt from			

Doo	~	2
Pag	e.	4

Schedule G (Form 990 or 990-EZ) 2016 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNEY (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 142,000. 142,000. 1 Gross receipts 2 Less: Contributions 107,000. 107,000. 3 Gross income (line 1 minus 35,000. 35,000. line 2)\_\_\_\_\_ 4 Cash prizes 13,000. 5 Noncash prizes 13,000. Expenses 6 Rent/facility costs 16,000. 16,000. 7 Food and beverages 16,000. 16,000. Direct 8 Entertainment 9 Other direct expenses 1,000. 1,000. 10 Direct expense summary. Add lines 4 through 9 in column (d) 46,000. Net income summary. Subtract line 10 from line 3, column (d) -11,000. 11 ► 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue \_\_\_\_\_ 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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) ► Enter the state(s) in which the organization conducts gaming activities: 9 a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

No

No

Sched	ule G (Form 990 or 990-EZ) 2016 Page	е З
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
		No
13	Indicate the percentage of gaming activity conducted in:	
a		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	/0
14	records:	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		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 $\blacktriangleright$ \$	
c	If "Yes," enter name and address of the third party:	
Ū		
	Name ▶	·
	Address ►	·
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	٥V
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	t IV Supplemental Information. Provide the explanation 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).	

SCHEDULE I	l	Grants a	nd Other /	Assistanco (	o Organiza	tions	I	OMB No. 1545-0047			
(Form 990)	G		rants and Other Assistance to Organizations, /ernments, and Individuals in the United States								
				swered "Yes" on F				2016			
Department of the Treasury		•	•	tach to Form 990.				Open to Public			
Internal Revenue Service	► Inform	ation about S	chedule I (Forn	n 990) and its inst	ructions is at www	v.irs.gov/form990.		Inspection			
Name of the organization							Employer identifi				
BOWDOIN COLLEGE							01-02152	13			
	nformation on Grants a		-								
the selection crit	zation maintain records to eria used to award the gra IV the organization's proc	nts or assistand	ce?					X Yes No			
	nd Other Assistance to IV, line 21, for any reci							es" on Form			
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) TOWN OF BRUNSWICK	:										
85 UNION STREET B	BRUNSWICK, ME 04011	99-9999999	GOV ' T	167,000.				CONTRIBUTION			
(2) BRUNSWICK DOWNTOW	IN ASSOCIATION										
P.O. BOX 15 BRUNS		75-3131242	501(C)(3)	10,000.				CONTRIBUTION			
(3) TOWN OF HARPSWELL	1										
P.O. BOX 39 HARPS	WELL, ME 04079	99-9999999	GOV ' T	9,250.				CONTRIBUTION			
_(4)											
(5)		_									
(6)											
(7)		_									
(8)		_									
(9)		_									
(10)		_									

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

(11)

(12)

# 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 non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
FINANCIAL ASSISTANCE FOR UNDERGRADUATE STUDENTS	896.	34,312,000.					
2 STUDENT RESEARCH FELLOWSHIPS	497.	1,321,000.					
$\mathbf 3$ grad. Student financial aid & post grad. Awards	101.	521,000.					
4 ACADEMIC ACHIEVEMENT & OTHER STUDENT AWARDS	280.	170,000.					
5							
6							
7							

information.

MONITOR THE USE OF GRANT FUNDS

PART I, LINE 2

GRANTS TO ORGANIZATIONS IN THE U.S.

THE ALLOCATION OF GRANTS AND OTHER ASSISTANCE TO LOCAL ORGANIZATIONS AND

MUNICIPALITIES IS DETERMINED ON AN ANNUAL BASIS BY THE SENIOR VICE

PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER.

GRANTS TO INDIVIDUALS IN THE U.S.

ELIGIBILITY FOR BOWDOIN GRANT ASSISTANCE IS "NEED BASED" AND DETERMINED

THROUGH ANALYSIS OF A FAMILY'S INCOME AND ASSETS. FAMILY INFORMATION IS

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
I					
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.

COLLECTED THROUGH THE COLLEGE BOARD'S CSS/FINANCIAL AID PROFILE FORM,

FEDERAL FAFSA AND THE FAMILY'S FEDERAL INCOME TAX RETURNS. EXCEPT FOR

NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE DOES NOT OFFER MERIT BASED

SCHOLARSHIPS. THE COLLEGE MAINTAINS A FINANCIAL AID OFFICE TO COUNSEL

STUDENTS/FAMILIES ON HOW TO AFFORD A BOWDOIN EDUCATION AND TO ENSURE THAT

AWARDS ARE IN COMPLIANCE WITH ESTABLISHED POLICIES AND PROCEDURES.

Page 2

SCH	EDULE J	Compen	sa	tion Information	L	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		୬ଜ	16	
				isated Employees swered "Yes" on Form 990, Part IV, line 2	3.	<u>Z</u> U	10	
	nent of the Treasury		Attacl	h to Form 990.		Open t		
	Revenue Service of the organization	Information about Schedule J (Fo	rm 9:	90) and its instructions is at www.irs.gov/	Employer identifica		ectio	n
	DOIN COLLE	GR.			01-02152			
Part		Is Regarding Compensation						
T di t							Yes	No
1a	Check the app	propriate box(es) if the organization pro	vide	d any of the following to or for a pers	on listed on Fo	rm		
	990, Part VII,	Section A, line 1a. Complete Part III to	provi	ide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Χ	Housing allowance or residence for	personal use			
	X Travel fo	or companions		Payments for business use of perso	nal residence			
	X Tax inde	emnification and gross-up payments	Χ	Health or social club dues or initiation	on fees			
	Discretio	onary spending account		Personal services (such as, maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," com	plete Part III	to		
	explain					. 1b	X	
2	•	anization require substantiation prior		<b>.</b>	•			
		stees, and officers, including the CEC		ecutive Director, regarding the items	checked on II		x	
						. 2		
3	organization's	<ul> <li>n, if any, of the following the filing organ</li> <li>CEO/Executive Director. Check all that ization to establish compensation of the</li> </ul>	at ap	ply. Do not check any boxes for metho	ds used by a			
	X Comper	sation committee		Written employment contract				
	Indepen	dent compensation consultant	X	Compensation survey or study				
	X Form 99	00 of other organizations	Χ	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part	t VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayme	ent?		. 4a	X	
b		, or receive payment from, a suppleme						X
С	-	, or receive payment from, an equity-ba				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	ovid	e the applicable amounts for each it	em in Part III.			
	Only section							
5	•	501(c)(3), 501(c)(4), and 501(c)(29) or isted on Form 990, Part VII, Section A,	-	-	2014			
5	-	n contingent on the revenues of:	me	ra, did the organization pay of accide	any			
а	•	ion?				. 5a		Х
b		rganization?						X
	-	e 5a or 5b, describe in Part III.						
6		isted on Form 990, Part VII, Section A,	line	1a, did the organization pay or accrue	any			
	-	n contingent on the net earnings of:			-			
а	The organizat	ion?				. 6a		Х
b	Any related of	rganization?				. 6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio described on lines 5 and 6? If "Yes," d					X	
8	-	ounts reported on Form 990, Part VII,		-	-			
		l contract exception described in l	•					
								X
9		ine 8, did the organization also foll						
	Regulations s	ection 53.4958-6(c)?		<u> </u>		. 9		

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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

#### Page 2

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

For each individual whose compensation must be reported 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CLAYTON ROSE	(i)	463,748.	0.	4,500.	35,655.	38,612.	542,515.	
1 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.				
MATTHEW ORLANDO	(i)	179,480.	0.	55,737.	31,551.	23,550.	290,318.	
2 <sup>SVP FINANCE &amp; ADMIN/TREASURER</sup>	(ii)	0.	0.	0.				
PAULA VOLENT	(i)	1,710,564.	1,000,000.	6,820.	41,514.	28,796.	2,787,694.	
3 SVP FOR INVESTMENTS	(ii)	0.	0.	0.				
RICHARD GANONG	(i)	147,155.	0.	17,705.	19,325.	12,822.	197,007.	
4 SVP FOR DVT & ALUMNI RELATIONS	(ii)	0.	0.	0.				
SCOTT MEIKLEJOHN	(i)	262,951.	0.	39,812.	45,276.	13,631.	361,670.	16,154
5 <sup>SVP FOR DVT &amp; ALUMNI RELATIONS</sup>	(ii)	0.	0.	0.				
MITCHEL DAVIS	(i)	206,650.	0.	33,338.	36,720.	24,556.	301,264.	16,154
6 <sup>CHIEF INFORMATION OFFICER</sup>	(ii)	0.	0.	0.				
TIMOTHY FOSTER	(i)	205,390.	0.	31,412.	36,853.	32,391.	306,046.	16,154
7 <sup>DEAN OF STUDENT AFFAIRS</sup>	(ii)	0.	0.	0.				
JENNIFER SCANLON	(i)	247,996.	0.	4,580.	39,258.	34,196.	326,030.	
8 INTERIM DEAN ACADEMIC AFFAIRS	(ii)	0.	0.	0.				
E. WHITNEY SOULE	(i)	169,814.	0.	858.	22,178.	27,030.	219,880.	
DEAN OF ADMISSIONS & FIN AID	(ii)	0.	0.	0.				
SCOTT HOOD	(i)	197,500.	0.	28,199.	33,910.	4,436.	264,045.	13,462
10 <sup>SVP COMM &amp; PUBLIC AFFAIRS</sup>	(ii)	0.	0.	0.				
SARA ORR	(i)	180,000.	150,000.	662.	20,807.	1,037.	352,506.	
11 <sup>ASSOC DIR OF PRIVATE EQUITY</sup>	(ii)	0.	0.	0.				
JOHN HOLT	(i)	201,743.	0.	3,637.	30,276.	11,548.	247,204.	
12 <sup>FACULTY</sup>	(ii)	0.	0.	0.				
PATSY DICKINSON	(i)	202,200.	0.	5,182.	29,584.	22,043.	259,009.	
13 <sup>FACULTY</sup>	(ii)	0.	0.	0.				
ELIZABETH ORLIC	(i)	195,204.	0.	17,315.	32,856.	22,272.	267,647.	
14 VP & ASSISTANT TO PRESIDENT	(ii)	0.	0.	0.				
TAMA SPOERRI	(i)	179,036.	0.	27,228.	31,902.	29,809.	267,975.	13,462
15 <sup>VP OF HUMAN RESOURCES</sup>	(ii)	0.	0.	0.				
S CATHERINE LONGLEV	(i)	154,548.	0.	100,256.	17,256.	14,206.	286,266.	26,923
16 <sup>FORMER SVP FIN &amp; ADMIN/TREAS</sup>	(ii)	0.	0.	0.				

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

#### Page 2

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

	L	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CRISTLE COLLINS JUDD	(i)	0.	0.	386,646.	0.	0.	386,646.	0
FORMER DEAN FOR ACADEMIC AFF	(ii)	0.	0.	0.			0.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016

## 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.

BENEFITS

PART I, LINE 1A

TRAVEL FOR COMPANIONS:

SPOUSAL/PARTNER TRAVEL IS PERMISSIBLE IN INSTANCES WHERE THE PRESENCE OF

A SPOUSE/PARTNER IS REQUIRED TO FURTHER A COLLEGE PURPOSE. THE AMOUNTS

ARE COVERED UNDER THE COLLEGE'S EXPENSE REIMBURSEMENT POLICY. DURING THE

TAX YEAR, THE ATTENDANCE OF THE PRESIDENT'S SPOUSE WAS REQUIRED AT

CERTAIN COLLEGE EVENTS. RELATED TRAVEL COSTS WERE NONTAXABLE.

GROSS-UP PAYMENTS:

A FORMER OFFICER RECEIVED A FAREWELL GIFT. THE GIFT WAS TREATED AS

TAXABLE COMPENSATION.

A KEY EMPLOYEE RECEIVED A GROSS-UP PAYMENT ON A TAXABLE LENGTH OF SERVICE AWARD.

#### HOUSING ALLOWANCE:

THE COLLEGE REQUIRES THE PRESIDENT TO LIVE ON CAMPUS IN COLLEGE-PROVIDED

HOUSING. THE VALUE OF THE BENEFIT IS INCLUDED IN PART II, COLUMN D FOR

Page 3

Page 3

Schedule J (Form 990) 2016

## 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.

THE PRESIDENT.

SOCIAL CLUB DUES:

SOCIAL CLUB DUES WERE PAID BY THE COLLEGE ON BEHALF OF A KEY EMPLOYEE

DURING CALENDAR YEAR 2016. THE DUES ARE NOT INCLUDED IN THE EMPLOYEE'S

TAXABLE WAGES AS THE SOCIAL CLUB WAS USED TO CONDUCT COLLEGE BUSINESS

ONLY.

SEVERANCE OR CHANGE OF CONTROL PAYMENTS

PART I, LINE 4A

A FORMER KEY EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT OF

\$386,646.

AN OFFICER AND A KEY EMPLOYEE OF THE COLLEGE EACH HAVE AN EMPLOYMENT

AGREEMENT WITH A CONDITIONAL SEVERANCE CLAUSE.

NON-FIXED PAYMENTS

PART I, LINE 7

A KEY EMPLOYEE IN THE INVESTMENT OFFICE HAS AN INCENTIVE

JSA 6E1505 2.000 8835BZ 1592 Schedule J (Form 990) 2016

#### Page 3

# 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.

PERFORMANCE-RELATED BONUS BASED IN PART ON THE INVESTMENT PERFORMANCE OF

THE BOWDOIN COLLEGE ENDOWMENT.

COMPENSATION

PART II

A PORTION OF THE COMPENSATION AMOUNT REPORTED FOR ONE HIGHEST COMPENSATED

EMPLOYEE IS ATTRIBUTABLE TO SUPPLEMENTAL SALARY EARNED ON EXTERNALLY

FUNDED RESEARCH AWARDS.

						BOWDOIN	COLLEGE								
SCHEDULE K	Supplemental Information on Tax-Exempt Bonds													1545-0047	
(Form 990)		f the organization	on answered nations, and	d "Yes" on d any addit	Form 99 ional inf	0, Part IV, ormation in	line 24a. Pro		otions,				2016		
Department of the Treasury			•	Attach to F		• -								o Public	
Internal Revenue Service		ation about Sch	edule K (Fo	orm 990) an	d its ins	tructions is	at www.irs.	gov/form99	0.				Inspection		
Name of the organization														number	
BOWDOIN COLLE											01-0	2152	13		
Part I Bond Is	(a) Issuer name	(b) Issuer EIN								<u> </u>		<b>(h)</b> O	n	(i) Pooled	
	(c) CUSIP #	(d) Date issu	ed (e)	Issue price	(f) D	escription of pu	rpose	(g) Defeased		behalf of issuer		financing			
										Yes	No		<sup>,</sup> No	Yes No	
<b>A</b> MAINE HHEFA		01-0314384	5604253P3	05/14/20	0.0	07 207 250	REFUNDING/C		CEE DADE VI	100	x		x	x	
A MAINE MAERA		01-0314384	500425525	03/14/20	09	97,207,230.	KEF UNDING/C	ONSTRUCTION	-SEE PARI VI	┼──┦	~	· ·	-	^	
<b>B</b> MAINE HHEFA		01-0314384	560425w30	03/24/20	0.8	20 700 000	REFUNDS 200	ידעם אווצפי 7	TD 6/6/07		x		x	x	
		01 0311301	500125050	03/21/20	00	20,700,000.		1 10000 0111	0,0,0,0,				-		
С															
										+			-		
D															
Part II Proceed	ds	1		1										I	
						Α		В	С				D		
1 Amount of bo	nds retired														
	nds legally defeased														
3 Total proceed	s of issue				97	,207,250	. 20,7	700,000.							
	ds in reserve funds														
	terest from proceeds					603,892	2.								
	efunding escrows														
7 Issuance cost	s from proceeds					875,830	200,000.								
8 Credit enhance	ement from proceeds														
9 Working capit	al expenditures from proceeds														
	ditures from proceeds					,858,988									
	roceeds				93	,868,540	20,5	500,000.							
	t proceeds					21.0									
<b>13</b> Year of substa	antial completion					012	200								
11 Maratha har	do issued on part of a surrout refur				Yes X	No	Yes X	No	Yes	No		Yes	+	No	
	ds issued as part of a current refund ds issued as part of an advance refu				X			x					+		
15 Were the bon	allocation of proceeds been made?				X		X	A					+		
					Λ		A						+		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?							X								
Part III Private	Business Use														
						Α		В	С				D		
1 Was the ora	anization a partner in a partnersh	in or a membe	r of an II (	- ·	Yes	No	Yes	No	Yes	No		Yes	-	No	
	property financed by tax-exempt bo					X		X					+		
	hy lease arrangements that may												+		
	property?				Х		X								
	ction Act Notice, see the Instructions f					I	1				Sch	edule K	(Form	n 990) 2016	

BOWDOIN COLLEGE

### 01-0215213

Schedule K (Form 990) 201	6

art III Private Business Use (Continued)	BOWDOIN C	A		В		C		D
a Are there any management or service contracts that may result in private business use of bond-financed property?		No X	Yes	No X	Yes	No	Yes	No
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outsid 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 c bond-financed property?		х		x				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or othe outside counsel to review any research agreements relating to the financed property?								
Enter the percentage of financed property used in a private business use by entitie other than a section 501(c)(3) organization or a state or local government		.8200 %		%		%		
Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government	η,	%		%		%		
Total of lines 4 and 5	-	.8200 %		%		%		
Does the bond issue meet the private security or payment test?		Х		Х				
<b>a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х				
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?								
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the			v					
requirements under Regulations sections 1.141-12 and 1.145-2?	. X		Х					
art IV Arbitrage		•		<b>_</b>		•		
		A		B				<b>D</b>
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction an Penalty in Lieu of Arbitrage Rebate?		No X	Yes	No X	Yes	No	Yes	No
		21						<u> </u>
If "No" to line 1, did the following apply?		X		X				
a Rebate not due yet?		X		X				
b Exception to rebate?			X	<u></u>				
c No rebate due?	s		Δ					<u> </u>
performed								1
Is the bond issue a variable rate issue?		Х	Х					
a Has the organization or the governmental issuer entered into a qualifie hedge with respect to the bond issue?		x		x				
<b>b</b> Name of provider								
c Term of hedge								
								T
d Was the hedge superintegrated?								

Page **2** 

Cabadula K (Farm 000) 2010

Schedule K (Form 990) 2016								Page 3
Part IV Arbitrage (Continued)								
		Α		В		С		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> 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		Х				
7 Has the organization established written procedures to monitor the	x		x					
requirements of section 148? Part V Procedures To Undertake Corrective Action	21							
		A		В		с		D
Has the organization established written procedures to ensure that violations	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 isn't available under applicable regulations?	Tes	NO		NO	Tes	NO	Tes	NO
applicable regulations? Part VI Supplemental Information. Provide additional information for responses to	Х		X					
						s	chedule K (Fo	orm 990) 2016

Page 4

Schedule K (Form 990) 2016

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

TAX EXEMPT BONDS

PART I, LINE A, COLUMN F

REFUND PRIOR BOND ISSUES 1995B ISSUED 7/25/95, 1998A ISSUED 3/18/98,

1998C ISSUED 11/19/98, 2001C ISSUED 5/15/01, 2003B ISSUED 7/24/03, 2005A

ISSUED 8/17/05, 2006B ISSUED 4/6/06.

#### OTHER SPENT PROCEEDS

PART II, LINE 11, COLUMNS A&B

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW.

#### LEASE ARRANGEMENTS

PART III, LINE 2, COLUMN B

WHILE THERE ARE LEASES ASSOCIATED WITH THIS BOND FINANCED PROPERTY THE

EQUITY CONTRIBUTION TO EACH PROJECT EXCEEDS THE AMOUNT OF PRIVATE

BUSINESS USE.

#### REBATE COMPUTATION

PART IV, LINE 2C

BOND A REBATE COMPUTATION DATE 6/13/14.

BOND B REBATE COMPUTATION DATE 4/29/13.

SCHEDUL	EL	Tra	nsactio	ns \	With	Interes	sted	Persons		L	OME	No. 1	545-00	)47
(Form 990	or 990-EZ) ▶ Co		rganization a	nswer	ed "Ye		90, Pa	rt IV, line 25a, 25	b, 26, 27,	28a,	Ĺ	20'	16	
Department of Internal Reven		Information abo	►At	tach to	o Form	990 or Form	990-E		v/form990			oen To specti		C
Name of the o						,		<u> </u>	Employer					
BOWDOIN	COLLEGE								01-	0215	213			
Part I	Excess Benefit Complete if the											line 4	0b.	
1 (a)	Name of disqualified	person	(b) Relatio		etween organiza	disqualified pers ation	on and	(c) D	escription	of trans	action		Ĥ	) Corrected
(1)														
(2)														
(3)														
(4) (5)														
(6)														
	the amount of t	ax incurred b	v the organiz	vation	mana	aers or disa	ualified	d persons during	the ve	ar				
	r section 4958										► \$			
	the amount of ta													
		, <b>,</b> , .	- ,,			.,					• _			
Part II	Loans to and/or	From Interes	sted Persons	5.										
	Complete if the							ine 38a or Form	990, Par	t IV, lir	ne 26;	or if th	ne	
	organization rep	orted an amo	unt on Form	990,	Part X	, line 5, 6, or	22.							
<b>(a)</b> Name o	of interested person	(b) Relationship	(c) Purpose of	(d) Loa	an to or	(e) Origin	al	(f) Balance due	<b>(g)</b> In	default?	<b>(h)</b> Ap		(i) W	ritten
		with organization	Ioan	from organia		principal am	ount					ard or nittee?	agree	ment?
														1
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4) (5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total								\$						
Part III	Grants or Assis													
	Complete if the	organization a	answered "Ye	es" on	Form	990, Part IV	, line 2	27.						
	of interested person	(b) Relationshi	p between intere		) Amou	nt of assistance		(d) Type of assistance	e	(e)	Purpos	se of as	sistanc	e
.,		person and	the organization									_		
(a) Name o (1) <sup>N/A</sup>	· · · · · · · · · · · · · · · · · · ·	person and	the organization			11,732.	SCHOLA	ARSHIP		BENEFI	.T			
(1) <sup>N/A</sup> (2)			the organization			11,732.	SCHOLA	ARSHIP		BENEFI	.1			
(1) <sup>N/A</sup> (2) (3)	· · ·		the organization			11,732.	SCHOLA	ARSHIP		BENEFI	.T			
(1) <sup>N/A</sup> (2) (3) (4)	· · · · · · · · · · · · · · · · · · ·		the organization			11,732.	SCHOLA	ARSHIP		BENEFI	.T			
(1) <sup>N/A</sup> (2) (3) (4) (5)			the organization			11,732.	SCHOL	ARSHIP		BENEFI				
(1) <sup>N/A</sup> (2) (3) (4) (5) (6)			the organization			11,732.	SCHOLA	ARSHIP		BENEFI				
(1) <sup>N/A</sup> (2) (3) (4) (5) (6) (7)			the organization			11,732.	SCHOL	ARSHIP		BENEF				
(1) <sup>N/A</sup> (2) (3) (4) (5) (6) (7) (8)			the organization			11,732.	SCHOL	ARSHIP		BENEFI	-T			
(1) <sup>N/A</sup> (2) (3) (4) (5) (6) (7)			the organization			11,732.	SCHOL2	ARSHIP		BENEFI				

Schedule L (Form 990 or 990-EZ) 2016

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	-	naring of ization's nues?
				Yes	No
(1) DAUGHTER OF TRUSTEE	TRUSTEE- L. COTTON	65,000.	COMPENSATION		x
(2) SPOUSE OF KEY EMPLOYEE	KEY EMPLOYEE- S. HOOD	141,000.	COMPENSATION		х
(3) SPOUSE OF KEY EMPLOYEE	KEY EMPLOYEE- T. FOSTER	73,000.	COMPENSATION		х
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2016

**Open To Public** 

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

Attach to Form 990.

	Information about Schedule	M (Form	000) and	l ite instructions	is at www.irs.	nov/form990
-	information about ochedule		1 330) and		13 at mmm	gov/1011110000.

Department of the Treasury Internal Revenue Service Name of the organization

ov/form990.	Inspection
Employer iden	tification number

01-0215213

BOWDOIN COLLEGE

Part I	Types	of	Property

Par	t Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art	X	1,898.	0.	SEE PART	II		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	209.	2,277,000.	SEE PART	II		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			10.
					1		Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	L
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			1
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) (2016)

Page 2

**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.

CONTRIBUTIONS

PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

NON-CASH CONTRIBUTIONS

PART I, LINE 9

195 GIFTS OF PUBLICLY TRADED SECURITIES WERE VALUED AT FAIR MARKET VALUE.

14 PLANNED GIFTS WERE VALUED AT NET PRESENT VALUE.

ART - WORKS OF ART

PART I, LINE 33

THE COLLEGE DOES NOT RECOGNIZE REVENUE FOR CONTRIBUTIONS OF ART OBJECTS

OR BOOKS AND PUBLICATIONS.

## 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. OMB No. 1545-0047

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

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

ORGANIZATION'S MISSION

CORE FORM 990, PART I, LINE 1 AND PART III, LINE 1

IT IS THE MISSION OF THE COLLEGE TO ENGAGE STUDENTS OF UNCOMMON PROMISE IN AN INTENSE FULL-TIME EDUCATION OF THEIR MINDS, EXPLORATION OF THEIR CREATIVE FACULTIES, AND DEVELOPMENT OF THEIR SOCIAL AND LEADERSHIP ABILITIES IN A FOUR-YEAR COURSE OF STUDY AND RESIDENCE THAT CONCLUDES WITH A BACCALAUREATE DEGREE IN THE LIBERAL ARTS.

### FORM 990 REVIEW PROCESS

CORE FORM 990, PART VI, SECTION B, LINE 11B

IN APRIL, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE PRESIDENT AND THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER FOR THOROUGH REVIEW IN ADVANCE OF REGULARLY SCHEDULED BOARD OF TRUSTEES MEETINGS AND FILING WITH THE INTERNAL REVENUE SERVICE (IRS) IN MAY. SUBSEQUENT TO THIS REVIEW, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE CHAIRMAN OF THE BOARD, CHAIR OF THE AUDIT COMMITTEE, AND THE CHAIR OF THE DEVELOPMENT COMMITTEE. ALL OTHER TRUSTEES ARE PROVIDED A PUBLIC DISCLOSURE COPY OF FORM 990 FOR REVIEW. THE SCHEDULE B AS FILED WITH THE IRS IS AVAILABLE TO ALL TRUSTEES, UPON REQUEST ONLY, AT THE BOARD OF TRUSTEES MEETINGS IN MAY. THE FORM 990 IS FILED WITH THE IRS AFTER THE TRUSTEES REVIEW AND APPROVE THE FORM AT THESE MEETINGS.

CONFLICT OF INTEREST POLICY CORE FORM 990, PART VI, SECTION B, LINE 12C THE COLLEGE SURVEYS ANNUALLY ALL MEMBERS OF THE BOARD, ALL OFFICERS OF INSTRUCTION, AND ALL OFFICERS OF ADMINISTRATION AS TO POTENTIAL CONFLICTS OF INTEREST. SURVEYS ARE REVIEWED BY THE PRESIDENT, THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER, AND THE LEGAL OFFICER AND ASSISTANT SECRETARY OF THE COLLEGE. THE RESULTS OF THE SURVEY ARE REPORTED TO THE AUDIT COMMITTEE AND TO THE BOARD OF TRUSTEES. ISSUES ARE DISCUSSED WITH LEGAL COUNSEL.

#### COMPENSATION POLICY

CORE FORM 990, PART VI, SECTION B, LINE 15

IN ACCORDANCE WITH TREASURY REGULATION 53.4958-6 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, ACTING AS A COMPENSATION COMMITTEE, ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT AND SENIOR MANAGEMENT OFFICIALS. IN ALL CASES, THE EXECUTIVE COMMITTEE CONSIDERS COMPENSATION SURVEYS AND COMPETITIVE MARKET DATA. FOR SENIOR MANAGEMENT, THE PRESIDENT PROVIDES THE EXECUTIVE COMMITTEE WITH RECOMMENDED CHANGES TO COMPENSATION LEVELS. THE EXECUTIVE COMMITTEE DOCUMENTS SUCH DECISIONS IN ITS MINUTES WHERE APPROPRIATE.

## PUBLIC DISCLOSURE

CORE FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2016	Page <b>2</b>
Name of the organization	Employer identification number
BOWDOIN COLLEGE	01-0215213
FORM 990 PART XI LINE 9	
NET UNREALIZED GAIN ON INTEREST RATE SWAP \$2,449	,000
POSTRETIREMENT-RELATED CHANGES OTHER THAN	
NET PERIODIC COST \$1,498	,000
NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS \$580	,000
GAIN ON ASSET RETIREMENT OBLIGATION \$48	,000
UNCOLLECTIBLE PLEDGES (\$400	,000)
TOTAL \$4,175	,000

ATTACHMENT 1

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LANDRY/FRENCH CONSTRUCTION COMPANY 160 PLEASANT HILL ROAD SCARBOROUGH, ME 04074	CONST. SERVICES	912,809.
CONSIGLI CONSTRUCTION CO., INC. 15 FRANKLIN STREET PORTLAND, ME 04101	CONST. SERVICES	852,848.
ELSEVIER B.V. P.O. BOX 7247 PHILADELPHIA, PA 19170	LIBRARY SERVICES	823,099.
EBSCO INFORMATION SERVICES P.O. BOX 204661 DALLAS, TX 75320	LIBRARY SERVICES	664,966.
VICTORY ENERGY OPERATIONS, LLC 10701 EAST 126TH STREET NORTH COLLINSVILLE, OK 74021	MECHANICAL CONT.	544,907.

#### SCHEDULE R (Form 990)

# **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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

BOWDOIN COLLEGE

Employer identification number 01-0215213

OMB No. 1545-0047

Open to Public

Inspection

16

2

### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
(1) POLAR BEAR INVESTMENTS, LLC 04-3375078					
5400 COLLEGE STATION BRUNSWICK, ME 04011	INVESTMENTS	ME	-175,323.	121150219.	BOWDOIN
(2)					
(3)					
(4)					
(5)					
(6)					

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	<b>j)</b> 12(b)(13) folled ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

JSA

Schedule R (Form 990) 2016

# 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	<b>(g)</b> Share of end-of- year assets	() Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		<b>(k)</b> Percentage ownership
		country)					Yes	No		Yes	No			
(1) TP PARTNERSHIP 55-0648835														
P.O. BOX 770 ASHLAND, KY 41105	INVESTING	КY	N/A	EXCL. 512, 513, 514	1.	44,200.		х	0.	х		56.0224		
(2)	-													
(3)	-													
(4)	-													
(5)	-													
(6)	-													
(7)	-													

# 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.

INVESTING		BOWDOIN					Yes No
INVESTING		BOWDOIN					
INVESTING		BOWDOIN					
			TRUST				x
1							
INVESTING		BOWDOIN	TRUST				x
	INVESTING	INVESTING	INVESTING BOWDOIN BOWDOINBBOWDOINBBOWD	INVESTING BOWDOIN TRUST	INVESTING BOWDOIN TRUST	INVESTING BOWDOIN TRUST CONSTRUCT OF CONSTRU	INVESTING BOWDOIN TRUST CONTRIBUTION OF CONTRIBUTICA DE CONTRI

Page 3

Schedule R (Form 990) 2016

Part	<b>V</b> Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				`	<b>Yes</b>	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?	Γ			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[	1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)			[	1f		Х
g	Sale of assets to related organization(s)			[	1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)			[	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
ο	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
S	Other transfer of cash or property from related organization(s)		<u></u>		1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and trans	action thresh	holds		
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method of	(d) Edator	mining	~
	Name of related organization	type (a-s)	Amount involved	amoun			1
(1)	POOLED INCOME FUND A	S	62,287.	FMV			
(2)	POOLED INCOME FUND B	S	82,184.	FMV			
(3)	POOLED INCOME FUND C	S	238,826.	FMV			
(4)	POOLED INCOME FUND B	R	90,720.	FMV			
(5)							
(6)							
JSA 6E1309	1.000		Scł	nedule R (Fo	orm 9	90) 2	016

Schedule R (Form 990) 2016

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

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

(a) Name, address, and EIN of entity	(b)         (c)         (d)         (e)           Primary activity         Legal domicile (state or foreign country)         Predominant income (related, unrelated, excluded from tax under         Are all partners section 501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> 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			
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)	_												
3)	_												
4)													
5)													
6)													
7)													
8)													
9)	_												<u> </u>
0)													
1)	_												<u> </u>
2)													
3)													
4)													
5)													
6)													<u> </u>

JSA 6E1310 1.000 Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

POOLED INCOME FUNDS AND CHARITABLE REMAINDER TRUSTS DOMICILED

PART IV

THERE ARE 3 POOLED INCOME FUNDS REPORTED IN PART IV. ALL ARE DOMICILED IN

MAINE. THERE ARE 9 CHARITABLE REMAINDER TRUSTS REPORTED IN PART IV. 8 ARE

DOMICILED IN MAINE AND 1 IN NEW YORK.