

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **07/01, 2017**, and ending **06/30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOWDOIN COLLEGE			D Employer identification number 01-0215213		
	Doing Business As			E Telephone number (207) 725-3960		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5400 COLLEGE STATION					
	City or town, state or province, country, and ZIP or foreign postal code BRUNSWICK, ME 04011-8445			G Gross receipts \$ 594,153,000.		
F Name and address of principal officer: CLAYTON ROSE 5400 COLLEGE STATION BRUNSWICK, ME 04011-8445			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.BOWDOIN.EDU			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1794			M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUR-YEAR PRIVATE UNDERGRADUATE LIBERAL ARTS COLLEGE. SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	42.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3,104.
	6 Total number of volunteers (estimate if necessary)	6	2,230.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,215,000.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-5,765,723.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	40,302,000.	27,833,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,729,000.	123,582,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,349,000.	85,577,000.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	809,000.	792,000.
		232,189,000.	237,784,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,865,000.	40,396,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,677,000.	103,270,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	57,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,778,000.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,036,000.	68,383,000.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	200,578,000.	212,106,000.	
19 Revenue less expenses. Subtract line 18 from line 12	31,611,000.	25,678,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,036,597,000.	2,201,155,000.
	22 Net assets or fund balances. Subtract line 21 from line 20.	407,738,000.	398,050,000.
	1,628,859,000.	1,803,105,000.	

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Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	LISA ROUX GAUTHIER Type or print name and title	CONTROLLER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TARA D'AGOSTINO				P01245482
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111	Phone no. 617-988-1000				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: _____) (Expenses \$ 179,123,000. including grants of \$ 40,396,000.) (Revenue \$ 124,381,000.)

THE ON-CAMPUS STUDENT BODY NUMBERS APPROXIMATELY 1,801. AN ESTIMATED 155 STUDENTS STUDY AWAY ANNUALLY; 94% COMPLETE THE DEGREE WITHIN FIVE YEARS; THE STUDENT/FACULTY RATIO IS 9:1; 99% OF FACULTY HAS A PH.D. OR EQUIVALENT. AS OF JUNE 2018, 40,430 STUDENTS HAVE MATRICULATED AT BOWDOIN COLLEGE, AND 32,094 DEGREES IN ACADEMIC PROGRAMS HAVE BEEN AWARDED.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 179,123,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 contain various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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 during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (42), 1b (40), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

LISA GAUTHIER 5400 COLLEGE STATION BRUNSWICK, ME 04011-8445 (207) 725-3960

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MICHELE G. CYR CHAIR	8.00 0.	X		X				0.	0.	0.
(2)GREGORY E. KERR VICE CHAIR	8.00 0.	X		X				0.	0.	0.
(3)SYDNEY ASBURY TRUSTEE	4.00 0.	X						0.	0.	0.
(4)DEBORAH JENSEN BARKER TRUSTEE	4.00 0.	X						0.	0.	0.
(5)PETER J. BERNARD TRUSTEE	4.00 0.	X						0.	0.	0.
(6)ARTHUR E. BLACK TRUSTEE	4.00 0.	X						0.	0.	0.
(7)RONALD C. BRADY TRUSTEE	4.00 0.	X						0.	0.	0.
(8)DAVID G. BROWN TRUSTEE	4.00 0.	X						0.	0.	0.
(9)ELLEN L. CHAN TRUSTEE	4.00 0.	X						0.	0.	0.
(10)LEONARD W. COTTON TRUSTEE	4.00 0.	X						0.	0.	0.
(11)IRIS W. DAVIS TRUSTEE	4.00 0.	X						0.	0.	0.
(12)JEFF D. EMERSON TRUSTEE	4.00 0.	X						0.	0.	0.
(13)JOHN F. FISH TRUSTEE	4.00 0.	X						0.	0.	0.
(14)ROBERT T. FRIEDMAN TRUSTEE	4.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BERTRAND GARCIA-MORENO TRUSTEE	4.00 0.	X						0.	0.	0.
(16) DONALD A. GOLDSMITH TRUSTEE	4.00 0.	X						0.	0.	0.
(17) STEPHEN F. GORMLEY TRUSTEE	4.00 0.	X						0.	0.	0.
(18) SHELLEY A. HEARNE TRUSTEE	4.00 0.	X						0.	0.	0.
(19) BRADFORD A. HUNTER TRUSTEE	4.00 0.	X						0.	0.	0.
(20) TASHA VANDERLINDE IRVING TRUSTEE	4.00 0.	X						0.	0.	0.
(21) ANN HAMBELTON KENYON TRUSTEE	4.00 0.	X						0.	0.	0.
(22) GEORGE A. KHALDUN TRUSTEE	4.00 0.	X						0.	0.	0.
(23) JOSEPH V. MCDEVITT, JR. TRUSTEE	4.00 0.	X						0.	0.	0.
(24) JOHN F. MCQUILLAN, JR. TRUSTEE	4.00 0.	X						0.	0.	0.
(25) HENRY T. A. MONIZ TRUSTEE	4.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,363,957.	0.	880,214.
d Total (add lines 1b and 1c)								6,363,957.	0.	880,214.

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 **▶** 156

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **▶** 45

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DAVID A. MORALES ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(27) SCOTT B. PERPER ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(28) KATHLEEN K. PHILLIPS-LOHRMANN ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(29) JANE L. PINCHIN ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(30) MARY HOGAN PREUSSE ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(31) LINDA HORVITZ ROTH ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(32) DAVID J. ROUX ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(33) ALISON E. RUNDLETT ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(34) JOAN BENOIT SAMUELSON ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(35) ANDREW E. SERWER ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(36) MARY TYDINGS SMITH ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
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 **▶** 156

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JAMES E. STALEY ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(38) JOHN K. L. THORNDIKE ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(39) KAREN N. WALKER ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(40) PAULA M. WARDYNSKI ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(41) DAVID P. WHEELER ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(42) ROBERT F. WHITE ----- TRUSTEE	4.00 ----- 0.	X					0.	0.	0.	
(43) CLAYTON ROSE ----- PRESIDENT	40.00 ----- 0.	X	X				477,861.	0.	80,731.	
(44) MATTHEW ORLANDO ----- SVP FINANCE & ADMIN/TREASURER	40.00 ----- 0.			X			307,769.	0.	62,680.	
(45) ELIZABETH MCCORMACK ----- DEAN FOR ACADEMIC AFFAIRS	40.00 ----- 0.				X		195,957.	0.	6,544.	
(46) PAULA VOLENT ----- SVP FOR INVESTMENTS	40.00 ----- 0.				X		2,760,071.	0.	70,076.	
(47) SCOTT MEIKLEJOHN ----- SVP FOR DVT & ALUMNI RELATIONS	40.00 ----- 0.				X		324,642.	0.	55,436.	
1b Sub-total										
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 ► 156

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TIMOTHY FOSTER ----- DEAN OF STUDENT AFFAIRS	40.00 ----- 0.				X			224,532.	0.	66,737.
(49) JENNIFER SCANLON ----- INTERIM DEAN ACADEMIC AFFAIRS	40.00 ----- 0.				X			264,186.	0.	72,363.
(50) E. WHITNEY SOULE ----- DEAN OF ADMISSIONS/STUDENT AID	40.00 ----- 0.				X			213,422.	0.	53,741.
(51) SCOTT HOOD ----- SVP COMM & PUBLIC AFFAIRS	40.00 ----- 0.				X			225,738.	0.	47,290.
(52) SARA ORR ----- DIRECTOR OF PRIVATE EQUITY	40.00 ----- 0.					X		380,710.	0.	61,192.
(53) STEVEN BLANC ----- VP, INTERIM CO-HEAD OF IT	40.00 ----- 0.					X		205,923.	0.	30,854.
(54) ABBIE BROWN ----- VP, INTERIM CO-HEAD OF IT	40.00 ----- 0.					X		213,990.	0.	48,901.
(55) ELIZABETH ORLIC ----- VP & ASSISTANT TO PRESIDENT	40.00 ----- 0.					X		202,715.	0.	52,589.
(56) PAMELA TORREY ----- DIRECTOR OF PARENT GIVING	40.00 ----- 0.					X		227,522.	0.	135,380.
(57) MITCHEL DAVIS ----- FMR CHIEF INFORMATION OFFICER	40.00 ----- 0.						X	138,919.	0.	35,700.
-----	-----									
1b Sub-total										
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 ► 156

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	31,000.				
	c Fundraising events	1c	61,000.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	3,282,000.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,459,000.				
	g Noncash contributions included in lines 1a-1f: \$		1,601,000.				
	h Total. Add lines 1a-1f ▶			27,833,000.			
	Program Service Revenue		Business Code				
2a TUITION AND FEES		611710		93,342,000.	93,342,000.		
b ROOM AND BOARD		611710		23,757,000.	23,757,000.		
c AUXILIARY ENTERPRISES		611710		4,819,000.	4,658,000.	161,000.	
d APPLICATION FEES		611710		167,000.	167,000.		
e OFF-CAMPUS STUDY		611710		293,000.	293,000.		
f All other program service revenue				1,204,000.	1,204,000.		
g Total. Add lines 2a-2f ▶				123,582,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			7,368,000.		-7,527,000.	14,895,000.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			5,000.			5,000.
		(i) Real	(ii) Personal				
	6a Gross rents	32,000.					
	b Less: rental expenses						
	c Rental income or (loss)	32,000.					
	d Net rental income or (loss) ▶			32,000.	32,000.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		434,529,000.					
	b Less: cost or other basis and sales expenses	356,014,000.	306,000.				
	c Gain or (loss)	78,515,000.	-306,000.				
	d Net gain or (loss) ▶			78,209,000.		2,151,000.	76,058,000.
	8a Gross income from fundraising events (not including \$ <u>61,000.</u> of contributions reported on line 1c). See Part IV, line 18 a		37,000.				
	b Less: direct expenses b		49,000.				
	c Net income or (loss) from fundraising events. ▶			-12,000.			-12,000.
	9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code				
11a REUNION WEEKEND	611710		258,000.	258,000.			
b OTHER REVENUE	611710		509,000.	509,000.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			767,000.				
12 Total revenue. See instructions. ▶			237,784,000.	124,220,000.	-5,215,000.	90,946,000.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	287,000.	287,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,684,000.	39,684,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	425,000.	425,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,760,000.	1,611,000.	3,707,000.	442,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	329,000.		242,000.	87,000.
7 Other salaries and wages	74,869,000.	62,380,000.	8,732,000.	3,757,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,659,000.	6,275,000.	963,000.	421,000.
9 Other employee benefits	9,202,000.	7,724,000.	1,020,000.	458,000.
10 Payroll taxes	5,451,000.	4,384,000.	754,000.	313,000.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	658,000.		658,000.	
c Accounting	330,000.		330,000.	
d Lobbying	20,500.		20,500.	
e Professional fundraising services. See Part IV, line 17.	57,000.			57,000.
f Investment management fees	1,033,000.		1,033,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,852,000.	4,238,000.	1,403,000.	211,000.
12 Advertising and promotion	102,000.	100,000.	2,000.	
13 Office expenses	5,037,000.	3,883,000.	652,000.	502,000.
14 Information technology	4,310,000.	2,905,000.	1,400,000.	5,000.
15 Royalties	0.			
16 Occupancy	5,723,000.	4,612,000.	1,110,000.	1,000.
17 Travel	4,454,000.	3,724,000.	422,000.	308,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,049,000.	733,000.	141,000.	175,000.
20 Interest	14,238,000.	13,526,000.	712,000.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	12,757,000.	10,843,000.	1,914,000.	
23 Insurance	865,000.	761,000.	104,000.	
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.)				
a PURCHASES FOR RESALE	3,749,000.	3,749,000.		
b LIBRARY MATERIALS	2,996,000.	2,996,000.		
c FACILITIES MAINT. AND REPAIR	2,571,000.	2,442,000.	129,000.	
d EQP RENTAL, MAINT, REPAIR	1,003,000.	894,000.	108,000.	1,000.
e All other expenses	1,635,500.	947,000.	648,500.	40,000.
25 Total functional expenses. Add lines 1 through 24e	212,106,000.	179,123,000.	26,205,000.	6,778,000.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	63,582,000.	2	28,008,000.
	3 Pledges and grants receivable, net	27,779,000.	3	19,482,000.
	4 Accounts receivable, net	1,471,000.	4	1,899,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	3,766,000.	7	3,344,000.
	8 Inventories for sale or use	1,388,000.	8	1,402,000.
	9 Prepaid expenses and deferred charges	4,527,000.	9	4,616,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 438,640,000.		
	b Less: accumulated depreciation	10b 171,129,000.	257,118,000.	10c 267,511,000.
	11 Investments - publicly traded securities	62,915,000.	11	70,208,000.
	12 Investments - other securities. See Part IV, line 11	1,596,955,000.	12	1,787,098,000.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	17,096,000.	15	17,587,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,036,597,000.	16	2,201,155,000.	
Liabilities	17 Accounts payable and accrued expenses	20,875,000.	17	21,111,000.
	18 Grants payable	2,920,000.	18	2,438,000.
	19 Deferred revenue	1,563,000.	19	1,243,000.
	20 Tax-exempt bond liabilities	117,398,000.	20	119,573,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	611,000.	21	17,000.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	32,975,000.	23	23,715,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	231,396,000.	25	229,953,000.
	26 Total liabilities. Add lines 17 through 25	407,738,000.	26	398,050,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	234,041,000.	27	257,557,000.
	28 Temporarily restricted net assets	869,487,000.	28	1,014,430,000.
	29 Permanently restricted net assets	525,331,000.	29	531,118,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,628,859,000.	33	1,803,105,000.
	34 Total liabilities and net assets/fund balances	2,036,597,000.	34	2,201,155,000.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,784,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,106,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,678,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,628,859,000.
5	Net unrealized gains (losses) on investments	5	150,242,000.
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	-1,674,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,803,105,000.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

Schedule A (Form 990 or 990-EZ) 2017

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.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (67.36%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (65.89%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a, b, c. Row 2: Activities Test. Answer (a) and (b) below. 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FUNDRAISING RECEIPTS	7,000.	40,000.	40,000.	35,000.	37,000.	159,000.
TOTALS	<u>7,000.</u>	<u>40,000.</u>	<u>40,000.</u>	<u>35,000.</u>	<u>37,000.</u>	<u>159,000.</u>

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
 BOWDOIN COLLEGE

Employer identification number
 01-0215213

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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).

Name of organization **BOWDOIN COLLEGE**

Employer identification number
01-0215213

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,070,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,322,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BOWDOIN COLLEGE**

Employer identification number

01-0215213

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization **BOWDOIN COLLEGE**

Employer identification number

01-0215213

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

LOBBYING ACTIVITIES

PART II-B, LINE 1I

THE ORGANIZATION PAYS MEMBERSHIP DUES TO ASSOCIATIONS WHICH MAY ENGAGE IN

LOBBYING ACTIVITIES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2017

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1455909000.	1339981000.	1392760000.	1216030000.	1038640000.
b Contributions	16,533,000.	16,132,000.	21,497,000.	49,184,000.	24,142,000.
c Net investment earnings, gains, and losses	225,572,000.	163,263,000.	-19,070,000.	176,205,000.	198,297,000.
d Grants or scholarships	28,788,000.	25,996,000.	22,736,000.	20,423,000.	18,135,000.
e Other expenditures for facilities and programs	34,453,000.	31,308,000.	27,236,000.	24,768,000.	23,423,000.
f Administrative expenses	6,608,000.	6,163,000.	5,234,000.	3,468,000.	3,491,000.
g End of year balance	1628165000.	1455909000.	1339981000.	1392760000.	1216030000.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 8.3000 %
 - b** Permanent endowment 31.1000 %
 - c** Temporarily restricted endowment 60.6000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,650,000.		5,650,000.
b Buildings		355,393,000.	129,567,000.	225,826,000.
c Leasehold improvements		1,242,000.	607,000.	635,000.
d Equipment		41,931,000.	32,886,000.	9,045,000.
e Other		34,424,000.	8,069,000.	26,355,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				267,511,000.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME	37,943,000.	FMV
(B) EQUITIES	405,497,000.	FMV
(C) ABSOLUTE RETURN	638,642,000.	FMV
(D) ALTERNATIVE INVESTMENTS	705,016,000.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,787,098,000.	

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.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY: POST-RETIREMENT BEN	16,749,000.
(3) ASSET RETIREMENT OBLIGATION	1,455,000.
(4) LIABILITY FOR PV OF LIFE INCOM	15,517,000.
(5) FAIR VALUE OF INTEREST RATE SW	5,052,000.
(6) TAXABLE BOND LIABILITIES	191,180,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	229,953,000.

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

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 HOLDS \$17,000 OF SECURITY DEPOSITS ON ITS RENTAL PROPERTIES.

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. THE TOP FOUR USES OF THE ENDOWMENT FOR FY 2018 WERE AS FOLLOWS: FINANCIAL AID 48%; FACULTY COMPENSATION, ACADEMIC PROGRAMS AND RESEARCH 20%; GENERAL OPERATIONS 18%; LIBRARY AND MUSEUM PROGRAM SUPPORT 6.2%.

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE COLLEGE IS A NOT-FOR-PROFIT ORGANIZATION AND IS GENERALLY EXEMPT FROM INCOME TAXES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. THE COLLEGE ASSESSES UNCERTAIN TAX POSITIONS AND HAS DETERMINED THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL 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	\$1,470,000
POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST	(\$676,000)
NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS	\$75,000
GAIN ON ASSET RETIREMENT OBLIGATION	\$10,000
LOSS ON ADVANCE REFUNDING	(\$1,610,000)
UNAMORTIZED BOND ISSUE DISCOUNTS/COSTS	(\$589,000)
UNCOLLECTIBLE PLEDGES	(\$354,000)

TOTAL	(\$1,674,000)

OTHER REVENUE INCLUDED ON FORM 990 NOT IN F/S

PART XI, LINE 4B

DIRECT EXPENSES FOR FUNDRAISING EVENTS	(\$49,000)
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Part XIII Supplemental Information *(continued)*

OTHER EXPENSE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

PART XII, LINE 2D

DIRECT EXPENSES FOR FUNDRAISING EVENTS \$49,000

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
BOWDOIN COLLEGE

Employer identification number
01-0215213

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	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	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		45,000.
(2) EUROPE	0.	0.	GRANTMAKING		378,000.
(3) SOUTH AMERICA	0.	0.	GRANTMAKING		2,000.
(4) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		918,354,000.
(5) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		1,000.
(6) EUROPE	0.	0.	INVESTMENTS		647,000.
(7) SOUTH ASIA	0.	0.	INVESTMENTS		1,000.
(8) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		26,572,000.
(9) EAST ASIA AND THE PACIFIC	0.	0.	FUNDRAISING		3,000.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	SEE PART V	4,000.
(11) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	2,000.
(12) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	SEE PART V	14,000.
(13) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	13,000.
(14) EUROPE	0.	0.	PROGRAM SERVICES	SEE PART V	100,000.
(15) EUROPE	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	5,000.
(16) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	1,000.
(17) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	93,000.
3a Sub-total					946,235,000.
b Total from continuation sheets to Part I	1.	2.			43,000.
c Totals (add lines 3a and 3b)	1.	2.			946,278,000.

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

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	1,000.
(2) NORTH AMERICA	1.	2.	PROGRAM SERVICES	SCIENTIFIC STATION	10,000.
(3) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	SEE PART V	7,000.
(4) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	5,000.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	3,000.
(6) SOUTH ASIA	0.	0.	PROGRAM SERVICES	SEE PART V	13,000.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	4,000.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(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	(h) Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL AID	EAST ASIA/PACIFIC	4.	45,000.	WIRE TRANSF			
(2) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	28.	378,000.	WIRE TRANSF			
(3) FINANCIAL AID	SOUTH AMERICA	1.	2,000.	WIRE TRANSF			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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, FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND THE FAMILY'S FEDERAL INCOME TAX RETURNS. EXCEPT FOR NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE DOES NOT OFFER MERIT BASED AID. THE COLLEGE MAINTAINS A STUDENT 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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization
BOWDOIN COLLEGE

Employer identification number
01-0215213

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) 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 RONALD A JOYCE	SEE PART IV		X		57,000.	-57,000.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					57,000.	-57,000.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	1	Gross receipts	98,000 .		98,000 .
	2	Less: Contributions	61,000 .		61,000 .
	3	Gross income (line 1 minus line 2)	37,000 .		37,000 .
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	12,000 .		12,000 .
	6	Rent/facility costs	19,000 .		19,000 .
	7	Food and beverages	17,000 .		17,000 .
	8	Entertainment			
	9	Other direct expenses	1,000 .		1,000 .
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-12,000 .

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part 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).

FUNDRAISING SERVICES

PART I, LINE 2B, COLUMN (II)

RONALD A JOYCE

FUNDRAISING ACTIVITY: FUNDRAISING CONSULTING AND FEASIBILITY STUDY

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BOWDOIN COLLEGE

Employer identification number
01-0215213

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWN OF BRUNSWICK 85 UNION STREET BRUNSWICK, ME 04011	99-9999999	GOV'T	172,200.				CONTRIBUTION
(2) BRUNSWICK DOWNTOWN ASSOCIATION P.O. BOX 15 BRUNSWICK, ME 04011	75-3131242	501(C)(3)	10,000.				CONTRIBUTION
(3) TOWN OF HARPSWELL P.O. BOX 39 HARPSWELL, ME 04079	99-9999999	GOV'T	9,500.				CONTRIBUTION
(4) FIRST PARISH CHURCH 9 CLEVELAND STREET BRUNSWICK, ME 04011	83-0356545	501(C)(3)	15,000.				CONTRIBUTION
(5) THE MITCHELL INSTITUTE 75 WASHINGTON AVENUE PORTLAND, ME 04101	01-0523390	501(C)(3)	10,000.				CONTRIBUTION
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL ASSISTANCE FOR UNDERGRADUATE STUDENTS	923.	37,666,000.			
2 STUDENT RESEARCH FELLOWSHIPS	556.	1,379,000.			
3 GRAD. STUDENT FINANCIAL AID & POST GRAD. AWARDS	90.	444,000.			
4 ACADEMIC ACHIEVEMENT & OTHER STUDENT AWARDS	249.	195,000.			
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.

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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,
FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND THE FAMILY'S FEDERAL
INCOME TAX RETURNS. EXCEPT FOR NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE
DOES NOT OFFER MERIT BASED AID. THE COLLEGE MAINTAINS A STUDENT 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWDOIN COLLEGE

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

01-0215213

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CLAYTON ROSE PRESIDENT	(i)	473,368.	0.	4,493.	41,079.	39,652.	558,592.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	MATTHEW ORLANDO SVP FINANCE & ADMIN/TREASURER	(i)	306,376.	0.	1,393.	38,940.	23,740.	370,449.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ELIZABETH MCCORMACK DEAN FOR ACADEMIC AFFAIRS	(i)	144,580.	0.	51,377.	0.	6,544.	202,501.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	PAULA VOLENT SVP FOR INVESTMENTS	(i)	1,753,370.	1,000,000.	6,701.	41,079.	28,997.	2,830,147.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	SCOTT MEIKLEJOHN SVP FOR DVT & ALUMNI RELATIONS	(i)	313,939.	0.	10,703.	41,129.	14,307.	380,078.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	TIMOTHY FOSTER DEAN OF STUDENT AFFAIRS	(i)	212,856.	0.	11,676.	34,271.	32,466.	291,269.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	JENNIFER SCANLON INTERIM DEAN ACADEMIC AFFAIRS	(i)	234,324.	0.	29,862.	37,785.	34,578.	336,549.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	E. WHITNEY SOULE DEAN OF ADMISSIONS/STUDENT AID	(i)	212,360.	0.	1,062.	28,233.	25,508.	267,163.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	SCOTT HOOD SVP COMM & PUBLIC AFFAIRS	(i)	222,160.	0.	3,578.	33,456.	13,834.	273,028.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	SARA ORR DIRECTOR OF PRIVATE EQUITY	(i)	205,000.	175,000.	710.	59,445.	1,747.	441,902.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	STEVEN BLANC VP, INTERIM CO-HEAD OF IT	(i)	186,732.	0.	19,191.	26,701.	4,153.	236,777.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	ABBIE BROWN VP, INTERIM CO-HEAD OF IT	(i)	193,833.	0.	20,157.	32,252.	16,649.	262,891.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	ELIZABETH ORLIC VP & ASSISTANT TO PRESIDENT	(i)	200,379.	0.	2,336.	31,055.	21,534.	255,304.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	PAMELA TORREY DIRECTOR OF PARENT GIVING	(i)	98,478.	0.	129,044.	121,725.	13,655.	362,902.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	MITCHEL DAVIS FMR CHIEF INFORMATION OFFICER	(i)	104,039.	0.	34,880.	23,011.	12,689.	174,619.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)							
		(ii)							

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

FIRST-CLASS OR CHARTER TRAVEL:

A KEY EMPLOYEE FLEW FIRST CLASS ON A BUSINESS TRIP. UNDER THE COLLEGE'S TRAVEL AND EXPENSE REIMBURSEMENT POLICY, FIRST CLASS TRAVEL MAY BE USED ONLY UNDER EXCEPTIONAL CIRCUMSTANCES WITH APPROVAL OF SENIOR ADMINISTRATION. THE FLIGHT WAS NOT TREATED AS COMPENSATION.

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:

TWO KEY EMPLOYEES RECEIVED A GROSS-UP PAYMENT ON A TAXABLE GIFT OF APPRECIATION.

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.

ONE KEY EMPLOYEE AND TWO HIGHEST COMPENSATED EMPLOYEES 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
PRESIDENT CLAYTON ROSE.

SOCIAL CLUB DUES:

SOCIAL CLUB DUES WERE PAID BY THE COLLEGE ON BEHALF OF A KEY EMPLOYEE
DURING CALENDAR YEAR 2017. 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 HIGHEST COMPENSATED EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT
\$98,387.

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.

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 PERFORMANCE-RELATED BONUS BASED IN PART ON THE INVESTMENT PERFORMANCE OF THE BOWDOIN COLLEGE ENDOWMENT.

A HIGHEST COMPENSATED EMPLOYEE RECEIVED A BONUS WHICH WAS DETERMINED AT THE DISCRETION OF A KEY EMPLOYEE.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MAINE HHEFA	01-0314384	5604253P3	05/14/2009	97,207,250.	REFUNDING/CONSTRUCTION-SEE PART VI	X			X		X
B MAINE HHEFA	01-0314384		04/03/2017	20,700,000.	DIR. PLACEMENT REMARKETING-PART VI		X		X		X
C MAINE HHEFA	01-0314384	56042RPK2	12/28/2017	35,978,713.	ADVANCED REFUNDING - SEE PART VI		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased		33,960,000.						
3 Total proceeds of issue		97,207,250.	20,700,000.		35,978,713.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		603,892.						
6 Proceeds in refunding escrows					35,569,568.			
7 Issuance costs from proceeds		875,830.			409,145.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		1,858,988.						
11 Other spent proceeds		93,868,540.	20,700,000.					
12 Other unspent proceeds								
13 Year of substantial completion		2012	2017		2017			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X			X		
15 Were the bonds issued as part of an advance refunding issue?	X			X				
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

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

Part III Private Business Use (Continued)

BOWDOIN COLLEGE

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

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

TAX EXEMPT BONDS

PART I, ROW A, COLUMN F:

REFUND PRIOR BOND ISSUES - 1995B ISSUED 07/25/95, 1998A ISSUED 03/18/98,
1998C ISSUED 11/19/98, 2001C ISSUED 05/15/01, 2003B ISSUED 07/24/03,
2005A ISSUED 08/17/05, 2006B ISSUED 04/06/06.

ROW B, COLUMN F: DIRECT PLACEMENT REMARKETING OF S2008 ISSUED 03/24/2008

ROW C, COLUMN F: PARTIALLY ADVANCE REFUND 2009A ISSUED 05/14/2009

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.

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

REBATE COMPUTATION

PART IV, LINE 2C

BOND A REBATE COMPUTATION DATE 6/13/14.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization
BOWDOIN COLLEGE

Employer identification number
01-0215213

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)	N/A	N/A	14,997.	SCHOLARSHIP	BENEFIT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAUGHTER OF TRUSTEE	TRUSTEE- L. COTTON	87,000.	COMPENSATION		X
(2) SPOUSE OF KEY EMPLOYEE	KEY EMPLOYEE- S. HOOD	158,000.	COMPENSATION		X
(3) SPOUSE OF KEY EMPLOYEE	KEY EMPLOYEE- T. FOSTER	84,000.	COMPENSATION		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2,738.	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	X	217.	1,601,000.	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 19.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2017)

JSA

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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

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

12 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWDOIN COLLEGE

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.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

01-0215213

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.

UNRELATED BUSINESS REVENUE

CORE FORM 990, PART I, LINE 7A

BOWDOIN COLLEGE'S UNRELATED BUSINESS TAXABLE INCOME FOR FISCAL YEAR ENDED
JUNE 30, 2018 INCLUDED INCOME CREATED UNDER IRC 512(A)(7) RELATED TO
QUALIFIED TRANSPORTATION FRINGE BENEFITS. THE UNRELATED BUSINESS REVENUE
REPORTED ON FORM 990, PART VIII, STATEMENT OF REVENUE DOES NOT INCLUDE
THE EXPENSES THAT CREATE UNRELATED BUSINESS TAXABLE INCOME UNDER IRC
512(A)(7).

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

Name of the organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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CHAIRMAN OF THE BOARD AND THE CHAIR OF THE AUDIT, RISK, AND REPUTATION 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, RISK, AND REPUTATION 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

Name of the organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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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. ALSO, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.BOWDOIN.EDU/FINANCE/FINANCIAL-DOCUMENTS.

FORM 990 PART XI LINE 9

NET UNREALIZED GAIN ON INTEREST RATE SWAP	\$1,470,000
POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST	(\$676,000)
NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS	\$75,000
GAIN ON ASSET RETIREMENT OBLIGATION	\$10,000
LOSS ON ADVANCE REFUNDING	(\$1,610,000)
UNAMORTIZED BOND ISSUE DISCOUNTS/COSTS	(\$589,000)
UNCOLLECTIBLE PLEDGES	(\$354,000)

TOTAL	(\$1,674,000)

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BURTON F CLARK INC PO BOX 427 DELHI, NY 13753	CONST. SERVICES	2,434,824.

Name of the organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ZACHAU CONSTRUCTION INC 1185 US ROUTE ONE, PO BOX J FREEPORT, ME 04032	CONST. SERVICES	1,359,806.
WARREN CONSTRUCTION PO BOX 362 SOUTH FREEPORT, ME 04078	CONST. SERVICES	861,578.
CAMBRIDGE SEVEN ASSOCIATES INC 1050 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	ARCHITECTURE	712,308.
EBSCO INFORMATION SERVICES PO BOX 204661 DALLAS, TX 75320	LIBRARY SERVICES	681,886.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: POLAR BEAR INVESTMENTS, LLC, 04-3375078, INVESTMENTS, ME, 0., 150714256., BOWDOIN.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TP PARTNERSHIP 55-0648835 P.O. BOX 770 ASHLAND, KY 41105	INVESTING	KY	N/A	EXCL. 512, 513, 514	1.	42,356.		X		X		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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUNDS (3) SEE PART VII	INVESTING		BOWDOIN	TRUST				X	
(2) CHARITABLE REMAINDER TRUSTS (11) SEE PART VII	INVESTING		BOWDOIN	TRUST				X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POOLED INCOME FUND B	S	605,825.	FMV
(2) POOLED INCOME FUND C	S	92,253.	FMV
(3)			
(4)			
(5)			
(6)			

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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 11 CHARITABLE REMAINDER TRUSTS REPORTED IN PART IV. 9 ARE DOMICILED IN MAINE, 1 IN NEW YORK AND 1 IN CALIFORNIA.