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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck ıf a	pplicable	Please	C Name of organization		-	D Employer ide	entification number		
┌ Add	lress ch	nange	use IRS label or	Earlham College			35-086807			
┌ Nar	ne cha	inge	print or	Doing Business As			E Telephone n	umber		
┌ Inıt	ial retu	ırn	type. See Specific	Number and street (or P O box	r if mail is not delivered to street addr	ess) Room/suite	(765) 983-			
┌ <sub>Ter</sub>	mınatıd	on	Instruc- tions.	801 National Road West			G Gross receip	<b>ts</b> \$ 120,482,880		
┌ Am	ended	return		City or town, state or country,	and ZIP + 4					
☐ App	olication	n pending		Richmond, IN 47374						
				ne and address of Principal (	Officer	H(a) Is this	s a group returr			
			_	s C Bennett President ational Road West		affilia	tes?	ΓYes <b>∨</b> No		
				ond,IN 47374		H(b) Are all	affiliates includ	ed?		
<b>I</b> Ta:	x-exen	npt status	<b>▽</b> 501(c)	) ( 3 ) ◀ (Insert no )	)(1) or			See instructions )		
J W	eb sit	e:► WW	/W EARLH <i>A</i>	AM EDU		H(c) Grou	p Exemption Nu	ımber 🟲		
<b>К</b> Тур	e of or	ganızatıon	Corporat	tion trust association other	er 🕨	L Year of For	rmation 1881 <b>M</b>	State of legal domicile IN		
Pa	rt T	Sumi	marv							
				e organization's mission or r	nost significant activities					
		-		-	ERGRADUATE EDUCATION IN	THE LIBERA	L ARTS, INCLU	JDING THE		
ĕ			•	PED BY THE DISTINCTIVE	PERSPECTIVES OF THE RELI	GIOUS SOCI	ETY OF FRIEND	OS (QUAKERS) SEE		
<u> </u>		SCHED	ULE O							
활	2	Chackt	this hov E	if the organization discontin	ued its operations or disposed	of more than 2	5% of its asset	c		
Governance	3							24		
	4				dy (Part VI, line 1a) governing body (Part VI, line 1		_	23		
Activities &	5			mployees (Part V, line 2a)		b)		1,579		
<u> </u>	6			olunteers (estimate if necess			6	500		
ą.					art VIII, line 12, column (C)	_	-	-579,642		
	1			iness taxable income from Fe		76 -	-579,642			
	_				,	Prio	or Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1h)			21,014,493	20,584,073		
를	9			revenue (Part VIII, line 2g)	•	46,575,132	49,268,667			
Reveni	10	Invest	tment incor	me (Part VIII, column (A), lı	nes 3, 4, and 7d)		5,795,449	-1,236,407		
æ	11	Other	revenue (P	art VIII, column (A ), lines 5		1,140,984	1,152,546			
	12		revenue—a	dd Iınes 8 through 11 (must	equal Part VIII, column (A), lır	ne	74,526,058	69,768,879		
	13	12) Grants	and simila	ar amounts paid (Part IX, col	umn (Δ.) lines 1 – 3.)		17,490,417	18,985,988		
	14			or for members (Part IX, colu			0	10,903,900		
	15			ompensation, employee bene	5-					
\$		10)	,		23,086,888	25,153,179				
Expenses	16a	Profes	sional fund	Iraising fees (Part IX, colum	n (A), line 11e)		59,869	56,456		
ਲੋ	Ь	(Total f	undraising ex	penses, Part IX, column (D), line 2	5 2,431,119					
	17			(Part IX, column (A), lines 1			24,356,851	22,868,547		
	18				al Part IX, line 25, column (A))		64,994,025	67,064,170		
. 07	19	Reven	ue less exp	penses Subtract line 18 fror	n line 12		9,532,033	2,704,709		
8 0 20 0 20 0						Beginni	ng of Year	End of Year		
28 cm	20			rt X, line 16)			233,712,347	202,242,070		
Net Assets or Fund Balances	21		•	Part X, line 26)			49,913,553	47,017,997		
	22	_		nd balances Subtract line 21	from line 20		183,798,794	155,224,073		
Pai	rt II	_	ature Blo							
					ned this return, including accompanying of preparer (other than officer) is base					
Plea	se	****	***			2010-	05-07			
Sign		Sign	ature of office	er		Date				
Here	2			H VP Financial Affairs						
		Туре	e or print nam	ne and title						
		Preparer		Dulworth	Date	Check If self-	Preparer's PTIN	(See Gen Inst )		
Paid		signature	e <b>F</b> Joyce	Dulworth		empolyed •	-			
	arer's		ame (or yours	s BKD LLP			EIN Þ			
Use (	Only		nployed), and ZIP + 4	201 N Illinois Street			LIN F			
				Indianapolis, IN 46204			Phone no 🕨 (3	317) 383-4000		
May t	he IR	S discus	s this retu	• •	bove? (See instructions)			▼ Yes		

### Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	56,255,658	Must equal Part IX, L	ine 25, column (B).	
	(Expenses \$	including grants of \$		) (Revenue \$	)
4d	Other program services (Describe	n Schedule O )			
<b>-</b> 7€	, Louis , (Expenses )	·	eeeng granto or p	, (Nevenue \$	,
4c	(Code ) (Expenses \$	S inc	luding grants of \$	) (Revenue \$	)
4b	(Code ) (Expenses s Earlham School of Religion - Providing semi		cluding grants of \$	345,280 ) (Revenue \$	581,025 )
	and cultural events open to the public Stud- served in this way				
4a	(Code ) (Expenses s		cluding grants of \$	18,640,708 ) (Revenue \$	49,840,188 ) al community through arts, music,
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and rever	ons and 4947(a)(1) trus	ts are required to re	port the amount of grants a	
	If "Yes," describe these changes on S	Schedule O			) 1es  • No
3	Did the organization cease conductin		anges in how it cond	ucts any program	「Yes ▼ No
	the prior Form 990 or 990-EZ? . If "Yes," describe these new services				┌ Yes ┌ No
2	Did the organization undertake any s	gnificant program servio	ces during the year v	which were not listed on	
	THE RELIGIOUS SOCIETY OF TRIENDS (QUARE	KS) SEE SCHEDOLE O			
_	TO PROVIDE THE HIGHEST QUALITY UNDERGR THE RELIGIOUS SOCIETY OF FRIENDS (QUAKE	ADUATE EDUCATION IN THE	IBERAL ARTS, INCLUDIN	G THE SCIENCES, SHAPED BY TH	E DISTINCTIVE PERSPECTIVES OF
-	bilety describe the organization's mission				

Part IV	Chec	klist o	f Reauire	d S	chedule	5

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
	Parts VI, VIII, VIII, IX, or X as applicable	11	163	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and	24a	Yes	
b	complete Schedule K. If "No," go to question 25			N o
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		No
الم	to defease any tax-exempt bonds?	24c		
		24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	1,644			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	1-	V	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,579			
b	If at least one is reported in 2a, did the organization file all required federal employr  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
<b>-</b> 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a	Yes	
b	If "Yes," enter the name of the foreign country $\frac{FR}{FR}$ , XE, GM, AU, MX, JA, CA, XN	, CJ ,	LU			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	itributi	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?			-	<u> </u>	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	<u>A.</u>	Governing	Body	and	Management	

					Yes	NO
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	, desc	ribe the cir	cumstances,			
Enter the number of voting members of the governing body	1a		24			
Enter the number of voting members that are independent	1b		23			
				2		Νο
	,			3		Νο
Did the organization make any significant changes to its organizational documents s filed? $\ \ . \ \ \ .$	orm 990 was	4		Νο		
Did the organization become aware during the year of a material diversion of the organization	ts?	5		Νo		
Does the organization have members or stockholders?		6		Νο		
	mbers of the	7a	Yes			
Are any decisions of the governing body subject to approval by members, stockholde	ers, o	r other per	sons?	7b		Νo
Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken	during the			
the governing body?				8a	Yes	
each committee with authority to act on behalf of the governing body?				8Ь	Yes	
Does the organization have local chapters, branches, or affiliates?				9a		Νο
, , , , , , , , , , , , , , , , , , , ,	. ,	9b				
1, 1	•	10	Yes			
	,			11		Νο
	Enter the number of voting members of the governing body.  Enter the number of voting members of the governing body.  Enter the number of voting members that are independent.  Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationsh other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under th supervision of officers, directors or trustees, or key employees to a management company or other point the organization make any significant changes to its organizational documents since the prior Foundation of the organization become aware during the year of a material diversion of the organization's asset Does the organization have members or stockholders?  Does the organization have members or stockholders, or other persons who may elect one or more megoverning body?  Are any decisions of the governing body subject to approval by members, stockholders, or other per Did the organization contemporaneously document the meetings held or written actions undertaken year by the following the governing body?  each committee with authority to act on behalf of the governing body?  Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with those of the organization?  Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization is Schedule O the process, if any, the organization in Part VII, Section A, who cannot be such as a copy of the Form 990 provided to the process, if any, the organization in Part VII, Section A, who cannot be such as a copy of the Form 990.	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Enter the number of voting members of the governing body

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CATHERINE A HABSCHMIDT 801 NATIONAL ROAD WEST RICHMOND, IN 47374 (765) 983-1772

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

	(B) Average hours per week		tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			+							
			+				$\vdash$			
1b Total			<del>'</del>				<b> </b>	1,457,771	L C	258,099
2 Total number of individuals (including	those in 1	a) who	-	v o d	mor	a tha	n ¢ 1			

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services						
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo			

#### **Section B. Independent Contractors**

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation			
BKD LLP 201 N Illinois St INDIANAPOLIS, IN 46204	Audit/Accounting	150,280			
Moore Engineers PC PO Box 40439 INDIANAPOLIS, IN 40439	Architect	123,290			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

# Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
14 -	1a	Federated can	npaigns 1a					
ants Ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents 1c					
<u>#</u> _₩	d	Related organ	izations1d					
ξŒ.	e	Government gran	its (contributions) <b>1e</b>	1,389,850				
bution thers	f		cions, gifts, grants, and not included above	19,194,223				
at in the second	g	Noncash cont	ributions included in					
Ş.Ē		lines 1a-1f \$			20 504 072			
	h	Total (Add line	es 1a-1f) .     .     .	· · · · .	20,584,073			
œ.				Business Code				
ìШа	2a	TUITION AND FEE		900,099	41,142,411			
89 84	Ь	AUXILIARY INCOM	1E 	611,710	8,126,256	8,126,256		
- 62  -	С							
æ. ≅	d							
6	e							
Program Serwce Revenue	f	All other program service revenue						
<u>~</u>	g	Total. Add line  ▶ \$ 49,268,66	<b>es 2a-2f</b> 7					
	3		come (including divi	· · · · · · · · · · · · · · · · · · ·				
		other similar a	imounts)		2,132,715		-579,642	2,712,357
	4	Income from investment of tax-exempt bo		ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	47,344,879					
		assets other than inventory						
	ь	Less cost or other basis and	50,714,001					
		sales expenses Gain or (loss)	-3,369,122					
	c d	Net gain or (lo			-3,369,122			-3,369,122
	8a		from fundraising					
		events (not in						
ě		\$ of contribution	 is reported on line					
듄		1c) See Part	IV, line 18					
ě			e G ıf total exceeds					
<u>-</u>	ь		xpensesb					
Other Revenue	с		(loss) from fundraisi	ing events	0			
•	9a	Gross income	from gaming	<u> </u>				
			part IV , line 19					
		exceeds \$15,00						
			а					
	ь		xpensesb		0			
	C	Net income or	(loss) from gaming a	activities 	0			
	10a	Gross sales or returns and al	finventory, less lowances . a					
	ь	Less cost of						
	С		(loss) from sales of	inventory►	0			
		Miscellaneou	s Revenue	Business Code				
	11a	OTHER INCO	ME	900,003	1,152,546	1,152,546		
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d					
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 1,152,546 . 4. 5. 6d. 7d.	69,768,879	50,421,213	-579,642	-656,765
		8c,	.1e		. ,		, -	,

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,985,988	18,985,988		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,122,575	388,675	570,900	163,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,856,968	13,528,230		961,535
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,358,753	972,994	290,270	95,489
9	Other employee benefits	3,523,070	2,547,139	799,573	176,358
10	Payroll taxes	1,291,813	954,371	260,956	76,486
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	38,555		37,602	953
c	Accounting	150,280		150,280	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	56,456			56,456
f	Investment management fees	306,645		306,645	
g	Other	2,701,853	1,868,688	475,532	357,633
12	Advertising and promotion	110,503	62,035	47,384	1,084
13	Office expenses	2,853,449	2,001,420	558,594	293,435
14	Information technology	566,882	416,699	139,972	10,211
15	Royalties	0			
16	Occupancy	3,259,934	3,193,027	64,225	2,682
17	Travel	1,262,791	973,974	196,685	92,132
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	151,634	112,232	31,552	7,850
20	Interest	1,249,471	1,188,513	60,958	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,547,549	2,270,068	210,734	66,747
23	Insurance	344,293	149,196	195,097	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MEALS	2,830,751	2,583,730	204,448	42,573
ь	FOREIGN STUDY	2,023,575	2,022,170	1,405	_,
c	LIBRARY PURCHASES	567,755	567,705	50	
d	COST OF GOODS SOLD	529,109	529,109		
e	MEMBERSHIP EXPENSES	323,385	175,145	137,021	11,219
f	All other expenses	1,050,133	764,550	270,307	15,276
25	Total functional expenses. Add lines 1 through 24f	67,064,170	56,255,658	8,377,393	2,431,119
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_		2.770	1	26,142
	2	Savings and temporary cash investments		4,287,716		7,642,702	
	3	Pledges and grants receivable, net	•		2,188,737	3	2,435,650
	4	Accounts receivable, net	•		5,355,876	4	5,628,028
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			5,555,57	5	2,323,323
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			225,131	8	125,615
Ø,	9	Prepaid expenses and deferred charges			376,431	9	359,480
ssets	10a						
AS	_	Land, buildings, and equipment cost basis	10a	124,710,115			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	42,133,731	76,173,259	10c	82,576,384
	11	Investments—publicly traded securities			66,610,455		47,582,045
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	76,946,560	12	54,965,466
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	TI.		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			1,545,412	15	900,558
	16	D Total assets. Add lines 1 through 15 (must equal line 34)	233,712,347	16	202,242,070		
	17	Accounts payable and accrued expenses .			2,646,349	17	3,156,626
	18	Grants payable				18	5,,,,,,,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	_		37,087,592	20	33,147,406
S	21	Escrow account liability Complete Part IV of Schedule D				21	· · · · · ·
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u></u>		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable		2,000,000	24	2,500,000	
	25	Other liabilities Complete Part X of Schedule D		8,179,612	25	8,213,965	
	26	Total liabilities. Add lines 17 through 25			49,913,553	26	47,017,997
		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plet e l	nes 27			
3nc	27	Unrestricted net assets			40,246,350	27	41,742,484
Balance	28	Temporarily restricted net assets			124,907,915		94,839,571
<u>=</u>	29	Permanently restricted net assets		18,644,529	29	18,642,018	
r Fund		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	plete				
S O.	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
AS	32	Retained earnings, endowment, accumulated income, or other fi		32			
Net	33	Total net assets or fund balances			183,798,794	33	155,224,073
Z	34	Total liabilities and net assets/fund balances			233,712,347	34	202,242,070
	1						
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

# OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Earlham College

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

								35	-0868073	3		
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
The	organız	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)				
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<b>▽</b>	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	h Schedu	ıle E )						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	bed in <b>Sec</b>	tion 170(Ł	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a h	hospital de	escribed ii	n <b>Section</b> :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	hospital's name, city, and state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	<b>(vi)</b> (Com	plete Par	tII)					
9	Γ	Anorganiza	ation that norma	ally receives (1) more than	3 3 1/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	ss
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Γ			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza					_		III - Ot	h
_	_		• •	• • • • • • • • • • • • • • • • • • • •	Type III				d			
e	'			rtify that the organization is agers and other than one or						-	-	
		section 50				,						,
f		If the orgar	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organi	zatio <u>n,</u>
		check this										Г
g		following pe		as the organization accepted	d any gift o	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
			•	ng body of the the supported		_	•		` ,	11g	_	No
				erson described in (i) above	_					11g(		No
			•	ty of a person described in (		bove?				11g(	_	No
h				nation about the organizatio			supports					
			J	,	_	•						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	nount of
	Supp	orted		(described on lines 1-9		ation in		nızatıon		ation in	sup	ort?
	Organ	ıızatıon		above or IRC section	col <b>(i)</b> l			i) of your		rganized		
(See Instructions)) your governing s document?					supp	oort?	in the	US?				
						Yes	No	1				
					163	140	165	110	163	140		
											-	
								-			-	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

#### **SCHEDULE D** (Form 990) **Supplemental Financial Statements**

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

_			Inspection
	<b>me of the organization</b> Iham College		Employer identification number
1			35-0868073
Pa	rt I Organizations Maintaining Donor A		Funds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Bollot davised lands	(b) Fullus and other accounts
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		onor advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or oth	er Yes No
a	rt II Conservation Easements. Complete		' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreating the protection of natural habitat  Preservation of open space	ion or pleasure) Preservation of	an historically importantly land area certified historic structure
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ıfıed conservation contribution in the foi	rm of a conservation easement  Held at the End of the Yea
а	Total number of conservation easements		2a
- b	Total acreage restricted by conservation easement		2b
c	·		2c 2c
d	Number of conservation easements on a certified hi		2d
	Number of conservation easements included in (c)	•	
	Number of conservation easements modified, transfe the taxable year ►	errea, reieasea, extinguisnea, or termina	ited by the organization during
	Number of states where property subject to conserva	ation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		olations, and
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during t	he year 🕨
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the	year <b>►</b> \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of s	ection
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financ	·
ar	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered		s, or Other Similar Assets.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	arch in furtherance of public service,
Ь	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	•	'
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

Part	III Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Tre</u>	asu	res, or our	<u>ei 5</u>		A556	<b>LS</b> (CC	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	owing th	at are	a significant	use o	fits co	llection	ı	
а	Public exhibition		d	Γ	Loan or	exch	ange program	S				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
_	Provide a description of the organization's c	ollections and explai	n hov	v the	/ further	the o	rganization's e	xemr	ot nurn	osein		
	Part XIV	onections and explain		· circ	rarener		rgamzacion 5 (		or purp	050 111		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar		Г	Yes	┌ No
Part		Arrangements.	Com	plete	e if the o	orgai		were	d "Yes	" to Fo	rm 9	90,
	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lan or other intermed	diary	for c	ontributio	ons o	r other assets	not		Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	е				_					
								+		A mou	nt	
_	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 Fe	orm 990, Part X, line	21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\											
Par	t V Endowment Funds. Complete											
_		(a)Current Year	(Ь	)Prior	Year	<b>(c)</b> Tw	o Years Back (	1)Three	e Years	Back   <b>(e</b>	Four Ye	ears Back
	Beginning of year balance	123,449,694										
	Contributions	21 411 270										
	Investment earnings or losses	-31,411,379										
	Grants or scholarships	1,766,410										
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	90,271,905										
2	Provide the estimated percentage of the yea	r end balance held a:	s									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment - 20 06 %											
c	Term endowment ► 79 94 %											
	Are there endowment funds not in the posse	ssion of the organiza	tion t	thata	are held a	and ac	dministered fo	rthe				
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations					•			•	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b	Yes	<u> </u>
	Describe in Part XIV the intended uses of th					0 Da						
D			IT 🥆			II PA	rt x, line 10					
Part	VI Investments—Land, Building	s, and Equipmer	14. 5							Т		
Part	Description of investment	s, and Equipmer	<b>16.</b> 5	(a)	Cost or otl	her	( <b>b</b> )Cost or other basis (other)		Deprec	ation	( <b>d)</b> Boo	ok value
	<u> </u>	s, and Equipmer	<u> </u>	(a)	Cost or otl	her	(b)Cost or other	(c)	Deprec	ation		
<b>1a</b> L:	Description of investment	s, and Equipmer		(a)	Cost or otl	her	(b)Cost or other basis (other)	(c)	· ·	59,473		2,496,357
<b>1a</b> L:	Description of investment	s, and Equipmer		(a)	Cost or otl	her	(b)Cost or other basis (other) 2,496,35	(c)	· ·			2,496,357
1a L: b B c L:	Description of investment	s, and Equipmer		(a)	Cost or otl	her	(b)Cost or other basis (other) 2,496,35	(c)	29,6		6	2,496,357 8,561,914
1a L: b B c L: d E	Description of investment  and	s, and Equipmer		(a)	Cost or otl	her	( <b>b</b> )Cost or other basis (other)  2,496,35  98,231,38	(c)	29,6	59,473	6	ok value 2,496,357 8,561,914 1,558,630 9,959,483

Part VIII Investments—Other Securities. S	<u>See Form 990, Part X, line 12.</u>	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		cost of that of year market value
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	54,965,466	F
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	54,965,466	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) <b>F</b>	
Part IX Other Assets. See Form 990, Part >		
	scription	(b) Book value
BOND ISSUE, NET		301,966
INVESTMENT INCOME RECEIVABLE		56,165
TRUSTS		542,427
Total (Column (b) about a sure Form 200 Back V 1 (D)	.mo.15.)	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B)   Part X		
(a) Description of Liability	( <b>b)</b> A mount	
Federal Income Taxes	(S) minorite	
DEPOSITS	581,965	
AMOUNTS HELD FOR OTHERS	541,386	
INSURANCE RESERVE	520,000	
ANNUITIES PAYABLE	2,339,044	
ADVANCES FOR STUDENT LOANS	4,231,570	
	1,231,370	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) <b>b</b> 8 213 965	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25 2c	]	
d	Other (Describe in Part XIV) 2d	]	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV) 4b	]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV.	lines 1b and 2b.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<b>Ident if ier</b>	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	Earlham's endowment funds are used to support the educational programs of the college. In addition to the \$90,271,905 in endowed funds reported here, a related party, Earlham Foundation, holds \$163,737,529 in endowed funds for the benefit of Earlham College. The consolidated endowment balance is \$254,009,434
FIN 48 Disclosure	Part X	In accordance with Financial Accounting Standards Board (FASB) Staff Position No FIN 48-3, the Organization has elected to defer the effective date of FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes, until its fiscal year ended June 30, 2010 The Organization has continued to account for any uncertain tax positions in accordance with literature that was authoritative immediately prior to the effective date of FIN 48, such as FASB Statement No 109, Accounting for Income Taxes, and FASB Statement No 5, Accounting for Contingencies
Net Asset Reconciliation	Schedule D, Part XI	Form 990, Part I Beginning net assets 183,798,794 Income/ (loss) 2,704,709 Unrealized loss on investments (30,147,441) Change in split int agreements (794,593) Transfer between related entities (337,396) Ending net assets 155,224,073

### OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Internal Revenue Service Name of the organization **Employer identification number** Earlham College 35-0868073 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes Earlham does not actively solicits students via newspaper or broadcast media. In its catalog and other general written communication available to the general public, it publicizes its racially non-discriminatory policy. Being a Quaker institution, Earlham College has had a long history of nondiscrimination. This fact is well known in the general community it serves Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo q Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

b Has the organization's right to such aid ever been revoked or suspended?

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸

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," attach an explanation

6a

Yes

Νo

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DLN: 93493130015040

OMB No 1545-0047

2008

Department of the Treasury

Internal Revenue Service

SCHEDULE F

(Form 990)

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

**Statement of Activities Outside the United States** 

Open to Public Inspection

Name	of the	e orgai	nızatıor
Earlha	m C c	llege	

**Employer identification number** 

35-0868073

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

- 2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

	1	1			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Study abroad program	17,659
East Asia and the Pacific	0	0	Program Services	Study abroad program	231,623
Europe (Including Iceland and Greenland)	0	0	Program Services	Study abroad program	475,070
North America	1	2	Program Services	Study abroad program	244,783
South America	0	0	Program Services	Study abroad program	30,055
South Asia	0	0	Program Services	Study abroad program	96,708
Sub-Saharan Africa	0	0	Program Services	Study abroad program	249,268
Totals ▶	1	2			1,345,166
For Paperwork Reduction Act No.	tice, see the instri	uctions for Form 9	90. Cat No	50082W <b>S</b>	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV Supplemental Information  Complete this part to provide the information required in Part I, line 2, and any other additional information.					
Identifier	ReturnReference	Explanation			
Procedures for monitoring use of grant funds outside the United States		Earlham leads many study abroad programs for its students each year These programs range in duration from 2 weeks to 6 months long. We track all direct expenses for these programs separately. The expenditures reflected on line 3 include travel, meals, lodging, cultural events, and salaries for full-time Earlham professors who lead the programs. In addition, Earlham owns a house in Mexico to lodge our students who are studying there. The expenditures for maintaining this house were \$21,428 for the year and are included on line 3			
-		y our and are morades on the c			
-					
	1	1			

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DLN: 93493130015040

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2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

	f the organization					Employer iden	tification number
= arınan	n College					35-0868073	
Part	Fundraising Ac	<b>tivities.</b> Complet	e if the o	rganızat	ion answered "Yes" t	o Form 990, Part IV,	line 17.
<b>1</b> In	dicate whether the orga	ınızatıon raısed funds	through a	ny of the	following activities Che	ck all that apply	
a ▽	Mail solicitations				e 🔽 Solicitation of n	on-government grants	
ь 🔽	Email solicitations				f Solicitation of q	overnment grants	
ᇰᅜ	Phone solicitations				g   Special fundrais	=	
d ►	In-person solicitation	s				-	
or <b>b</b> If	key employees listed in "Yes," list the ten highe	n Form 990, Part VII est paid individuals or	) or entity entities (	in connec fundraise	vidual (including officer ction with professional fo rs) pursuant to agreeme i-EZ filers are not requir	undraising activities?	
	Name of individual entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Grenzel	oach Glier Associate	Campaign Consultants		No	5,910,696	56,456	5,910,696

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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**(b)** EIN

(c) IRC section

DLN: 93493130015040 OMB No 1545-0047

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Open to Public Inspect ion

(h) Purpose of grant

Department of the Treasury Internal Revenue Service Name of the organization

Earlham College

1(a) Name and address of

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

Employer identification number

35-0868073

(g) Description of

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?		
the selection criteria used to award the grants or assistance?	t I General Information on Grants and Assistance	
	the selection criteria used to award the grants or assistance?	

(e) A mount of non-

(f) Method of valuation

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is

(d) A mount of cash

or government		п аррпсавте	grant	assistance	other)	non-cash assistance	or assistance
2 Enter total number of se	ction 501(c)(3) and	government					

Enter total number of other organizations.

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships and financial aid awards	874	18,985,988			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
	Procedures for Monitoring Grants or Assistance	The only grants or assistance awarded are scholarships and financial aid awards. These funds are disbursed by the college's financial aid department in strict adherence to all federal and state regulations.

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DLN: 93493130015040

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

## **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

Earlham College 35-0868073 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(i) Base (ii) Bonus & (iii) Other		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
DOUGLAS C BENNETT	(I) (II)	253,973 0	0	0 0	37,648 0	43,476 0	335,097 0	0	
GREGORY MAHLER	(I)	166,229 0	0	0 0	0 0	5,514 0	171,743 0	0 0	
RICHARD SMITH	(I)	152,489 0	0	0 0	0 0	23,355 0	175,844 0	0	
JAMES MCKEY	(I) (II)	159,500 0	0	2,261 0	0 0	23,421 0	185,182 0	0	
JEFFREY RICKEY	(I)	123,493 0	0	0 0	0 0	33,595 0	157,088 0	0	
	(ii)								
	(ii)								
	(ii) (i) (ii)								
	(i) (ii)								
	(i) (ii)								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Other benefits	Schedule J, Part I, Line 1A	Earlham College provides a residence with housekeeping services for personal use to Douglas C Bennett, the College's President The residence is not included in taxable compensation. The residence is furnished for the convenience of Earlham College, the President was required to live in the residence as a condition of his employment, and his residence is contiguous to Earlham's campus

DLN: 93493130015040

OMB No 1545-0047

(Form 990)

Department of the Treasury

Schedule K

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Supplemental Information on Tax Exempt Bonds** 

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** Earlham College 35-0868073 Bond Issues (Required for 2008) (h) 0 n (g) Defeased Behalf of (b) Issuer EIN (c) CUSIP # (f) Description of Purpose (a) Issuer Name (d) Date Issued (e) Issue Price Issuer Yes No Yes No INDIANA EDUCATIONAL Х FACILITIES AUTHORITY Х 52-1698917 455048Y77 08-06-2004 9,036,370 FINANCE REFUNDING OF BONDS INDIANA EDUCATIONAL CONSTRUCTION/RENOVATION/EXPANSION FACILITIES AUTHORITY 52-1698917 4550482A5 08-06-2004 8,025,000 Χ INDIANA HEALTH & EDUCATIONAL FACILITIES CONSTRUCTION/RENOVATION/EXPANSION 35-1611409 454795CTO 06-28-2007 15,661,682 Χ AUTHORITY Proceeds (Optional for 2008) Part II Α В С D Ε Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 7 Capital Expenditures from Proceeds Year of Substantial Completion 8 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use (Optional for 2008) C E В D Yes Yes No Yes No Yes Yes No No No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493130015040

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization Earlham College

Employer identification number

25 0060072

					35-08680/3			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	<u> прригали</u>		- 9				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	16	647,413	STOCKQUOTE			
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	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at least three years from the date o	of the initial	contribution, and which is	not required to be used for $\epsilon$	exempt purposes		· 	
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	ın Column (c) for a type of p	roperty for which Column (a	ı) ıs			
	checked, describe in Part II			·				

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation THIRD PARTY WHO SELLS SCHEDULE M, LINE 32A EARLHAM COLLEGE USES MERRILL LYNCH AS ITS STOCK NONCASH CONTRIBUTIONS BROKER TO SELL PUBLICLY TRADED SECURITIES RECEIVED AS NONCASH CONTRIBUTIONS

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Earlham College

**Employer identification number** 

35-0868073

	ldentifier	Return Reference	Explanation
Memb	ers/stockholders	Form 990, Part VI, Line 7a	Indiana Yearly Meeting of Friends and Western Yearly Meeting of Friends each appoint six Trustees to the Earlham Board The Earlham Alumni Association elects four Trustees Seven Trustees are nominated by the Earlham Board of Trustees and approved by Indiana and Western Yearly Meetings The President serves ex officio

ldentifier	Return Reference	Explanation
Process to review Form 990	Form 990, Part VI, Line 10	A copy of the Form 990 was provided to each member of the full governing body prior to its filing. In addition, members of the Audit Committee of the Board reviewed the draft Form 990 in detail with a partner of our CPA firm prior to its filing.

ldentifier	Return Reference	Explanation
Monitoring & enforcement of compliance with conflict of interest policy	Form 990, Part VI, Line 12c	Earlham's conflict of interest policy requires that officers, trustees, and key employees disclose any situations that may result in a conflict of interest or the appearance of a conflict of interest Questionnaires must be completed annually but updated sooner if a person's situation changes Disclosures are summarized and review ed by the Audit Committee of the Board. If a Trustee has a conflict, they will not participate in the decision-making process.

ldentifier	Return Reference	Explanation
Process to determine CEO, officer, & key employee compensation	Form 990, Part VI, Lines 15a & 15b	The President's compensation is reviewed and determined annually by a committee consisting of the current and immediate past Chair of the Board of Trustees. The committee considers compensation data from other schools while undertaking their review. The President reviews and determines the compensation of officers and deans annually

ldentifier	Return Reference	Explanation
Availability of organization's governing docs, COI, & financial statements	Form 990, Part VI, Line 19	The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request

ldentifier	Return Reference	Explanation
	Form 990, Part IV, Line 12 & Part XI, Line 2	Earlham's consolidated financial statements are audited each year by an independent accounting firm The consolidated financial statements include both Earlham College and Earlham Foundation. The Audit Committee of the Earlham Board of Trustees is responsible for the audit of the financial statements.

ldentifier	Return Reference	Explanation
Organization's Mission	Form 990, Part III, line 1	The mission of Earlham College, an independent, residential college, is to provide the highest quality undergraduate education in the liberal arts, including the sciences, shaped by the distinctive perspectives of the Religious Society of Friends (Quakers). The College provides extensive opportunities for students and faculty to learn from each other in a cooperative community, an important aspect of which is collaborative student/faculty research. At Earlham College education is carried on with a concern for the world in which we live and for improving human society. Therefore Earlham stresses global education, peaceful resolution of conflict, equality of persons, and high moral standards of personal conduct.

#### DLN: 93493130015040

OMB No 1545-0047 2008

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Name of the organization **Employer identification number** Earlham College 35-0868073 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity EARLHAM FOUNDATION NA 801 NATIONAL ROAD WEST SUPPORT ΙN 501(C)(2) N/A RICHMOND, IN47374 35-6014491

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	---------------

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es l	N
During the tax year, did the orgranization 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 (iv) rent from a controlled entity	<u>1a</u>	•	<b>—</b>	١
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	,		١
c Gift, grant, or capital contribution from other organization(s)	1c	: Y	es	
d Loans or loan guarantees to or for other organization(s)	1d	1		١
e Loans or loan guarantees by other organization(s)	1e	•	r	١
f Sale of assets to other organization(s)	1f	1	T	١
g Purchase of assets from other organization(s)	<b>1</b> g	ı	r	٨
h Exchange of assets	1h	1		١
i Lease of facilities, equipment, or other assets to other organization(s)	1i		ľ	٨
j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>	i	r	١
k Performance of services or membership or fundraising solicitations for other organization(s)	1k			٨
I Performance of services or membership or fundraising solicitations by other organization(s)	11		'	۸
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n		٨
n Sharing of paid employees	1n	ı Ye	es	
• Reimbursement paid to other organization for expenses	10	<b>-</b>		١
p Reimbursement paid by other organization for expenses	1р	•		١
<b>q</b> Other transfer of cash or property to other organization(s)	<b>1</b> q	Y	es	•
r. Other transfer of cash or property from other organization(s)	1r	-		١

<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationship	s and transaction thresholds
	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	EARLHAM FOUNDATION	С	13,283,527
(2)	EARLHAM FOUNDATION	N	57,379
(3)	EARLHAM FOUNDATION	Q	665,884
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

**EIN:** 35-0868073

Name: Earlham College

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DEBORAH HULL , CHAIR	2 0	Х						0	0	0
JOHN YOUNG , VICE CHAIR	2 0	Х						0	0	0
CLARICE WARRICK , SECRETARY	2 0	Х						0	0	0
DOUGLAS C BENNETT , PRESIDENT	50 0	Х		Х				253,973	0	81,124
LOUISE BEEDE , TRUSTEE	2 0	Х						0	0	0
ROB BRESLER , TRUSTEE	2 0	Х						0	0	0
DIANA HADLEY , TRUSTEE	2 0	Х						0	0	0
BARBARA GOTTSCHALK, TRUSTEE	2 0	Х						0	0	0
DANIEL CARTER , TRUSTEE	2 0	Х						0	0	0
SYBIL HAMPTON , TRUSTEE	2 0	Х						0	0	0
PEGGY HOLLINGSWORTH , TRUSTEE	2 0	Х						0	0	0
JOHN LOOSE , TRUSTEE	2 0	Х						0	0	0
BOB MANTOCK, TRUSTEE	2 0	Х						0	0	0
DAVID MATTHEWS , TRUSTEE	2 0	Х						0	0	0
MORRIS MILLS , TRUSTEE	2 0	Х						0	0	0
RAYMOND ONTKO , TRUSTEE	2 0	Х						0	0	0
VAUGHN PEEBLES , TRUSTEE	2 0	Х						0	0	0
KAREN REED , TRUSTEE	2 0	Х						0	0	0
SARA JANE RYAN , TRUSTEE	2 0	Х						0	0	0
JOHN SCARLETT , TRUSTEE	2 0	Х						0	0	0
MARION SHORE , TRUSTEE	2 0	Х						0	0	0
DAVID STUMP , TRUSTEE	2 0	Х						0	0	0
BRENT TAYLOR , TRUSTEE	2 0	Х						0	0	0
CATHERINE TINSLEY , TRUSTEE	2 0	Х						0	0	0
GREGORY MAHLER , ACADEMIC DEAN	50 0			Х				166,229	0	5,514
RICHARD SMITH , VP FOR FINANCIAL AFFAIRS	50 0			х				152,489	0	23,355
JAMES MCKEY , VP FOR ADVANCEMENT	50 0			х				161,761	0	23,421
NELSON BINGHAM , PROVOST	50 0			Х				118,847	0	19,555
AVIS STEWART , VP FOR COMMUNITY RELATIONS	50 0			х				110,804	0	11,244
JAY MARSHALL , VP AND DEAN OF ESR	50 0			Х				124,141	0	20,358

Form 990, Part VII - Section Aaa

Torni 550, Fart VII Section Add										
	(B) Average hours per week	<b>(C)</b> Position (check all that apply)								(F)
<b>(A)</b> Name and Title		Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JEFFREY RICKEY , DEAN OF ADMISSIONS & FIN AID	50 0					Х		123,493	0	33,595
DEBORAH MCNISH , DEAN OF STUDENTS	50 0					х		123,128	0	19,952
THOMAS KIRK , DIR OF INFORMATION SERVICES	50 0					Х		122,906	0	19,981

Software ID:

**Software Version:** 

**EIN:** 35-0868073

Name: Earlham College

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--