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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRANKLIN & MARSHALL COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 3003
Suite

City or town, state or province, country, and ZIP or foreign postal code
LANCASTER, PA 176043003

D Employer identification number
23-1352635

E Telephone number
(717) 291-3925

G Gross receipts $ 244,704,786

F Name and address of principal officer
DANIEL R PORTERFIELD PHD
PO BOX 3003
LANCASTER, PA 176043003

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW FANDM EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1787

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FRANKLIN & MARSHALL COLLEGE IS A RESIDENTIAL COLLEGE DEDICATED TO EXCELLENCE IN UNDERGRADUATE LIBERAL ARTS EDUCATION (SEE FULL MISSION STATEMENT ATTACHED ON SCHEDULE O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2,648
6	Total number of volunteers (estimate if necessary)	6	1,366
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	583,274
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-14,201

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,846,712	18,186,152
	9	Program service revenue (Part VIII, line 2g)	131,047,379	132,688,568
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,287,333	26,617,890
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,854,350	1,588,368
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,035,774	179,080,978
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,423,995	39,841,564
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,947,537	66,231,918
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,048,282		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,478,090	53,762,706
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	155,849,622	159,836,188
	19	Revenue less expenses Subtract line 18 from line 12	9,186,152	19,244,790
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	646,499,166	680,260,648
	21	Total liabilities (Part X, line 26)	147,387,752	139,046,824
	22	Net assets or fund balances Subtract line 21 from line 20	499,111,414	541,213,824

Part II Signature Block

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

Sign Here

****** | 2015-05-08
Signature of officer | Date

DAVID PROULX VP FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET BRADSHAW KPMG LLP				P00501222

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 1676 International Drive
McLean, VA 22102 | Phone no (717) 358-4756

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

FRANKLIN & MARSHALL COLLEGE IS A RESIDENTIAL COLLEGE DEDICATED TO EXCELLENCE IN UNDERGRADUATE LIBERAL ARTS EDUCATION (SEE FULL MISSION STATEMENT ATTACHED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 41,199,368 including grants of $ 15,907) (Revenue $ 110,341,240)

Instruction THE COLLEGE GRANTS BACHELOR OF ARTS DEGREES TOTAL FULL-TIME EQUIVALENT UNDERGRADUATE ENROLLMENT OF THE COLLEGE WAS APPROXIMATELY 2,273 STUDENTS 604 STUDENTS GRADUATED IN MAY 2014

4b (Code) (Expenses $ 40,098,734 including grants of $ 38,862,443) (Revenue $ 79,716)

FINANCIAL AID APPROXIMATELY 57% OF STUDENTS RECEIVED SOME FORM OF FINANCIAL AID DURING THE 2013-2014 SCHOOL YEAR

4c (Code) (Expenses $ 16,395,966 including grants of $ 107,007) (Revenue $ 1,608)

STUDENT SERVICES THE COLLEGE PROVIDES SERVICES SUCH AS AN INFIRMARY, COUNSELING, CAREER SERVICES, AND STUDENT ACTIVITIES TO EACH STUDENT

(Code) (Expenses $ 12,124,754 including grants of $) (Revenue $ 22,267,612)

AUXILIARY OPERATIONS

(Code) (Expenses $ 6,534,440 including grants of $ 4,300) (Revenue $)

ACADEMIC SUPPORT

(Code) (Expenses $ 3,588,643 including grants of $ 496,626) (Revenue $)

RESEARCH

(Code) (Expenses $ 978,101 including grants of $ 994) (Revenue $)

PUBLIC SERVICE

(Code) (Expenses $ 1,313,003 including grants of $ 354,287) (Revenue $ 357,649)

INSTITUTIONAL SUPPORT

4d Other program services (Describe in Schedule O)

(Expenses $ 24,538,941 including grants of $ 856,207) (Revenue $ 22,625,261)

4e **Total program service expenses** ▶ 122,233,009

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

				Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	549			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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**	2,648			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	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					
a	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 lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	**1a** 32			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1b** 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders? . . .		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶CA , PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶KATHRYN-ELLIEHAUSEN SLOBOZIE FRANKLIN MARSHALL COLLEGE
LANCASTER, PA 17604 (717) 291-4215

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,857,404	0	830,143

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶95

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC AFFILIATES, 4880 PAYSHERE CIRCLE CHICAGO IL 60674	FOOD SERVICES MGMT	6,599,192
JAMES STREET HOUSING LP, 595 EAST LANCASTER AVENUE ST DAVIDS PA 19087	HOUSING RENTAL	1,919,376
ARAMARK, 24818 NETWORK PLACE CHICAGO IL 60673	JANITORIAL SERVICES	1,772,491
DIRECT ENERGY BUSINESS, PO BOX 70220 PHILADELPHIA PA 19176	ENERGY SERVICES	1,444,500
STRATA INFORMATION GROUP, 3935 HARNEY ST SAN DIEGO CA 92110	SOFTWARE PROJECT	1,347,575

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶43

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	1,609,016				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	16,577,136				
	g	Noncash contributions included in lines 1a-1f $	6,534,350				
	h	**Total.** Add lines 1a-1f . . . . ▶		18,186,152			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	900099	110,341,240	110,341,240		
	b	AUXILIARY OPERATIONS	721310	22,267,612	21,331,635	583,274	352,703
	c	STUDENT LOAN INCOME	900099	79,716	79,716		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		132,688,568			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		12,606,300			12,606,300
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		4,281			4,281
			(i) Real / (ii) Personal				
	6a	Gross rents	147,044 /				
	b	Less rental expenses	72,107 /				
	c	Rental income or (loss)	74,937 / 0				
	d	Net rental income or (loss) . . . . ▶		74,937			74,937
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	79,563,291 /				
	b	Less cost or other basis and sales expenses	65,551,701 /				
	c	Gain or (loss)	14,011,590 /				
	d	Net gain or (loss) . . . . ▶		14,011,590			14,011,590
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	RESEARCH	900099	605,550			605,550
	b	PROJECT REIMBURSEMENTS	900099	92,191	92,191		
	c	MISCELLANEOUS	900099	248,940			248,940
	d	All other revenue		562,469	267,066		295,403
	e	**Total.** Add lines 11a–11d . . . . ▶		1,509,150			
	12	**Total revenue.** See Instructions . . . . . ▶		179,080,978	132,111,848	583,274	28,199,704

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	352,846	352,846		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,439,534	32,439,534		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	7,049,184	7,049,184		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,177,315	565,748	1,939,024	672,543
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	49,795,826	37,554,858	9,738,673	2,502,295
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,773,671	3,438,888	1,076,939	257,844
9	Other employee benefits	4,806,658	3,539,138	1,006,770	260,750
10	Payroll taxes	3,678,448	2,707,112	783,700	187,636
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	476,172	29,515	446,657	
c	Accounting	117,500		117,500	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	365,707		365,707	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,832,860	7,890,579	3,170,270	772,011
12	Advertising and promotion	69,985	41,930	27,488	567
13	Office expenses	3,826,845	2,258,632	1,162,119	406,094
14	Information technology	2,085,514	444,865	1,540,978	99,671
15	Royalties . .	0			
16	Occupancy	6,313,766	3,341,665	2,967,374	4,727
17	Travel	2,858,983	2,377,458	268,561	212,964
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	287,858	177,887	99,843	10,128
20	Interest	6,383,776	3,347,275	3,030,878	5,623
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,509,036	6,643,685	1,365,536	499,815
23	Insurance	639,005	373,516	265,489	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OFF CAMPUS PROGRAMS	3,286,954	3,286,954		
b	EQUIPMENT AND BOOKS	3,258,635	2,835,860	403,048	19,727
c	REPAIRS AND EQUIPMENT MAINT	2,675,416	1,013,165	1,662,218	33
d	FOOD	597,473	430,538	68,448	98,487
e	All other expenses	177,221	92,177	47,677	37,367
25	**Total functional expenses.** Add lines 1 through 24e	159,836,188	122,233,009	31,554,897	6,048,282
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			110,018	1	121,861
	2	Savings and temporary cash investments			1,578,799	2	1,489,991
	3	Pledges and grants receivable, net			26,175,606	3	23,998,759
	4	Accounts receivable, net			4,692,897	4	5,944,009
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			45,500	5	30,456
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,483,003	9	1,047,710
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	311,278,111			
	b	Less accumulated depreciation	10b	91,525,655	222,747,584	10c	219,752,456
	11	Investments—publicly traded securities			159,219,399	11	168,739,978
	12	Investments—other securities See Part IV, line 11			207,935,672	12	235,506,671
	13	Investments—program-related See Part IV, line 11			16,154,308	13	16,415,972
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			6,356,380	15	7,212,785
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			646,499,166	16	680,260,648
Liabilities	17	Accounts payable and accrued expenses			4,730,382	17	4,889,784
	18	Grants payable			0	18	0
	19	Deferred revenue			10,896,622	19	4,955,787
	20	Tax-exempt bond liabilities			83,296,693	20	81,574,217
	21	Escrow or custodial account liability Complete Part IV of Schedule D			3,467,420	21	3,613,091
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			44,996,635	25	44,013,945
	26	**Total liabilities.** Add lines 17 through 25			147,387,752	26	139,046,824
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			266,708,280	27	285,497,363
	28	Temporarily restricted net assets			127,827,786	28	142,943,294
	29	Permanently restricted net assets			104,575,348	29	112,773,167
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			499,111,414	33	541,213,824
	34	Total liabilities and net assets/fund balances			646,499,166	34	680,260,648

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,080,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,836,188
3	Revenue less expenses Subtract line 2 from line 1	3	19,244,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	499,111,414
5	Net unrealized gains (losses) on investments	5	22,857,620
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	541,213,824

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization’s financial statements compiled or reviewed by an independent accountant?	2a		No
	If ‘Yes,’ check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization’s financial statements audited by an independent accountant?	2b	Yes	
	If ‘Yes,’ check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-1352635
Name: FRANKLIN & MARSHALL COLLEGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Reed D Auerbach Trustee	2 0 0 0	X						0	0	0
Lawrence I Bonchek Trustee	14 0 0 0	X		X				0	0	0
Lawrence G Braitman Trustee	2 0 0 0	X						0	0	0
Stanley M Brand Esq Trustee	2 0 0 0	X						0	0	0
Robert J Brooks Sr Trustee	3 0 0 0	X						0	0	0
John Burness Trustee	3 0 0 0	X						0	0	0
Douglas H Evans Esq Trustee	2 0 0 0	X						0	0	0
Robert L Freedman Trustee	2 0 0 0	X						0	0	0
Richard M Fuller Trustee	2 0 0 0	X						0	0	0
Brian Hard Trustee	3 0 0 0	X						0	0	0
Patricia E Harris Trustee	2 0 0 0	X						0	0	0
Brett S Harwood Trustee	2 0 0 0	X						0	0	0
Susan Kline Klehr Trustee	2 0 0 0	X						0	0	0
Barry S Lafer Esq Trustee	2 0 0 0	X						0	0	0
David Lehman Trustee	2 0 0 0	X						0	0	0
Stanley L Levin Trustee	2 0 0 0	X						0	0	0
Douglas J McCormack Esq Trustee	2 0 0 0	X						0	0	0
Eric W Noll Trustee	2 0 0 0	X						0	0	0
Eric C Rackow Trustee	2 0 0 0	X						0	0	0
John L Rosenthal Trustee	3 0 0 0	X						0	0	0
Raymond A Sanseverino Esq Trustee	2 0 0 0	X						0	0	0
Mary L Schapiro Trustee	3 0 0 0	X						0	0	0
Henry B duP Smith Trustee	2 0 0 0	X						0	0	0
Robert H Smith Trustee	2 0 0 0	X						0	0	0
Beverly R Steinman Trustee	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
H Art Taylor Esq Trustee	2 0 0 0	X						0	0	0
Susan L Washburn Trustee	4 0 0 0	X		X				0	0	0
Colleen R Weis Trustee	2 0 0 0	X						0	0	0
Benjamin J Winter Trustee	4 0 0 0	X		X				0	0	0
Frances D Wolf Trustee	4 0 0 0	X		X				0	0	0
Linda Yarden Esq Trustee	2 0 0 0	X						0	0	0
Daniel R Porterfield President	60 0 0 0	X		X				453,972	0	155,990
Casundra Amundson VP for College Communications	60 0 0 0			X				157,515	0	43,793
Matthew K Eynon VP For College Advancement	60 0 0 0			X				281,281	0	76,789
Margaret L Hazlett Dean of the College	60 0 0 0			X				100,426	0	55,032
J Samual Houser Chief of Staff & Secretary	60 0 0 0			X				163,325	0	53,869
Joseph J Karlesky Interim Provost & Dean of the	60 0 0 0			X				170,168	0	47,163
Daniel G Lugo VP & Dean of Admission & Finan	60 0 0 0			X				209,615	0	65,193
David Proulx VP for Finance & Administratio	60 0 0 0			X				314,295	0	78,122
Ann Steiner Former Provost & Dean of the F	60 0 0 0					X		236,781	0	47,345
Alan Caniglia Sr Assoc Dean & VP	40 0 0 0					X		163,405	0	41,435
Elizabeth Krapp Investment Office & Treasurer	40 0 0 0					X		157,346	0	69,890
D Grier Stephenson Professor Government	40 0 0 0					X		167,565	0	41,041
Beth Throne AVP STUDENT & post grad devel	40 0 0 0					X		170,649	0	32,219
Kent Trachte Dean of the College	60 0 0 0						X	111,061	0	22,262

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss 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 instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶______________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

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

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

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☑ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	270,558,942	253,635,767	270,079,122	235,435,090	218,624,340
b Contributions	5,259,230	3,705,238	3,438,169	2,599,447	9,166,653
c Net investment earnings, gains, and losses	39,241,872	27,626,220	-5,320,904	47,250,523	24,698,126
d Grants or scholarships	4,508,807	4,395,457	13,008,640	4,008,962	4,237,472
e Other expenditures for facilities and programs	9,228,944	9,319,987	721,680	9,943,305	11,710,606
f Administrative expenses	666,240	692,839	830,300	1,253,671	1,105,951
g End of year balance	300,656,053	270,558,942	253,635,767	270,079,122	235,435,090

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

a Board designated or quasi-endowment ▶ 39 890 %

b Permanent endowment ▶ 26 620 %

c Temporarily restricted endowment ▶ 33 490 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	19,652	13,085,789		13,105,441
b Buildings	1,143,425	238,189,630	56,879,796	182,453,259
c Leasehold improvements				
d Equipment		52,521,336	33,223,781	19,297,555
e Other		6,318,279	1,422,078	4,896,201
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				219,752,456

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITY	119,653,281	F
(B) GLOBAL FIXED INCOME	26,329,378	F
(C) DIVERSIFYING STRATEGIES	36,336,562	F
(D) REAL ASSETS	38,689,238	F
(E) BENEFICIAL INTEREST IN PERP	14,498,212	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	235,506,671	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	**(b)** Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 **(a)** Description of liability	**(b)** Book value
Federal income taxes	0
POSTRETIREMENT BENEFIT OBLIGAT	21,479,017
ANNUITY OBLIGATIONS	14,630,465
FIN 47 OBLIGATION	7,647,447
PURCHASE COMMITMENT	249,516
MORTGAGE GUARANTEE	7,500
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	44,013,945

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116	Collection items consists of artworks, rare books and other objects that have come to the College and Millport Conservancy principally through gifts, although some were purchased and certain of the collections were received in trust The collection is held for public exhibition and education and is protected, kept unencumbered, cared for and preserved Each of the items is catalogued, and activities verifying their existence and assessing their condition are performed continuously The collections' insurance-appraised value is approximately $7,506,000 (Note the value is $7,227,000 for the College alone) The collections are not recognized as assets in the consolidated statement of financial position in accordance with accounting guidelines Purchases of collection items are recorded as decreases in unrestricted net assets in the year in which the items are acquired, or as reductions in temporarily or permanently restricted net assets if the assets used to purchase the items are restricted by donors Proceeds from deaccessions are reflected as increases in the appropriate net asset classes
Part III, Line 4 - Collections and Relation to Exempt Purpose	The College's collections contain regional and international works of art, rare books, cultural objects, and historical objects They advance the instructional, academic support, and public service purposes of the College by exhibition and use by faculty, students, and the community, via local and online access
PART IV, LINE 2b - ESCROW LIABILITY ARRANGEMENT EXPLANATION	These funds are deposits held in custody for others, Franklin & Marshall College acting as agent
PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS	Of the total Endowment, 28% is intended for student aid, 21% for general unrestricted purposes, 17% for operations and maintenance, 15% for instruction, and the remainder for miscellaneous restricted purposes
PART X, LINE 2 - TEXT OF FIN 48 (ASC 740) FOOTNOTE	Under provisions of Internal Revenue Code Section 501(c)(3) and the applicable income tax regulations of Pennsylvania, the College is exempt from taxes on income other than unrelated business income Since the College had no material net unrelated business income during the years ended June 30, 2014 and 2013, no provision for income taxes has been made The College does not believe that there are any material unrecognized tax benefits or costs that should be recorded The College's federal tax returns have not been examined for the last seven fiscal years

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
PART I LINE 3 - RACIALLY NONDISCRIMINATORY POLICY	The College complies with Section 4 03 because a) students are drawn from a large geographic area, and b) the College complies with Section 4 02 requirements
LINE 6A - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY	The Commonwealth of Pennsylvania annually provides an institutional assistance grant to those institutions that do not receive funding from the state via budget appropriation This grant is based on the total number of students receiving state higher education grants

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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
3a	Sub-total					1,414,518
b	Total from continuation sheets to Part I					117,934,484
c	**Totals** (add lines 3a and 3b)					119,349,002

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities . . . . ▶

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☑ Yes ☐ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part 1, Line 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS STUDENT SCHOLARSHIPS AND LOANS ARE APPLIED DIRECTLY TO STUDENT ACCOUNTS TRAVEL AND STUDENT RESEARCH GRANTS REQUIRE SUBSTANTIATION

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	TOTAL EXPENDITURES FOR REGION EXPENDITURES ARE REPORTED BASED ON THE COLLEGE'S ACCRUAL METHOD OF ACCOUNTING

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PARTS I & III	METHOD OF ACCOUNTING EXPENDITURES ARE REPORTED BASED ON THE COLLEGE'S ACCRUAL METHOD OF ACCOUNTING

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART III, COLUMN C	NUMBER OF RECIPIENTS THE NUMBER OF RECIPIENTS FOR STUDENT SCHOLARSHIPS AND STUDENT LOANS IS BASED ON FINANCIAL AID RECORDS OF RECIPIENTS THE NUMBER OF RECIPIENTS FOR STUDENT RESE ARCH AND TRAVEL GRANTS IS ESTIMATED BASED ON THE NUMBER OF PAYEES (CASH GRANTS) AND/OR THE NUMBER OF RESEARCH PROJECTS FUNDED (CASH AND NONCASH GRANTS)

Additional Data

Software ID:
Software Version:
EIN: 23-1352635
Name: FRANKLIN & MARSHALL COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Admis Recruitment	18,890
Europe (Including Iceland and Greenland)			Program Services	Admis Recruitment	11,600
Middle East and North Africa			Program Services	Admis Recruitment	4,741

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Admis Recruitment	9,762
South America			Program Services	Admis Recruitment	6,052
South Asia			Program Services	Admis Recruitment	5,222

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Conf/Research/Travel	116,747
East Asia and the Pacific			Program Services	Conf/Research/Travel	92,534
Europe (Including Iceland and Greenland)			Program Services	Conf/Research/Travel	480,916

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Conf/Research/Travel	19,791
North America			Program Services	Conf/Research/Travel	35,851
Russia and the Newly Independent States			Program Services	Conf/Research/Travel	8,571

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Conf/Research/Travel	28,120
South Asia			Program Services	Conf/Research/Travel	7,343
Sub-Saharan Africa			Program Services	Conf/Research/Travel	185,433

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Study Abroad	32,050
East Asia and the Pacific			Program Services	Study Abroad	350,895
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	2,583,457

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Study Abroad	27,430
Russia and the Newly Independent States			Program Services	Study Abroad	9,050
South America			Program Services	Study Abroad	71,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	Study Abroad	16,140
Sub-Saharan Africa			Program Services	Study Abroad	49,430
Central America and the Caribbean			Investments		108,128,793

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		322,215
East Asia and the Pacific			Grantmaking		2,480,423
Europe (Including Iceland and Greenland)			Grantmaking		791,209

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking		110,918
North America			Grantmaking		94,256
Russia and the Newly Independent States			Grantmaking		388,848

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Grantmaking		364,795
South Asia			Grantmaking		1,584,371
Sub-Saharan Africa			Grantmaking		912,149

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT SCHOLARSHIPS	Central America and the Caribbean	6			303,265	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	East Asia and the Pacific	67			2,292,683	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	Europe (Including Iceland and Greenland)	16			698,894	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	Middle East and North Africa	2			95,530	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	North America	2			82,130	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	Russia and the Newly Independent States	8			358,895	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	South America	7			349,330	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	South Asia	34			1,482,486	tuition rdct	BOOK
STUDENT SCHOLARSHIPS	Sub-Saharan Africa	17			849,883	tuition rdct	BOOK
STUDENT LOANS	Central America and the Caribbean	5			15,000	tuition rdct	BOOK

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT LOANS	East Asia and the Pacific	58			171,000	tuition rdct	BOOK
STUDENT LOANS	Europe (Including Iceland and Greenland)	13			41,375	tuition rdct	BOOK
STUDENT LOANS	Middle East and North Africa	2			6,000	tuition rdct	BOOK
STUDENT LOANS	North America	2			6,000	tuition rdct	BOOK
STUDENT LOANS	Russia and the Newly Independent States	8			24,000	tuition rdct	BOOK
STUDENT LOANS	South America	4			12,000	tuition rdct	BOOK
STUDENT LOANS	South Asia	32			97,500	tuition rdct	BOOK
STUDENT LOANS	Sub-Saharan Africa	15			48,000	tuition rdct	BOOK
STUDENT RESEARCH & TRAVEL GRANTS	Central America and the Caribbean	3			3,950	VENDOR PMT	COST
STUDENT RESEARCH & TRAVEL GRANTS	East Asia and the Pacific	10	16,740	CHECKS			COST

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT RESEARCH & TRAVEL GRANTS	Europe (Including Iceland and Greenland)	43	43,639	CHECKS			COST
STUDENT RESEARCH & TRAVEL GRANTS	Europe (Including Iceland and Greenland)	5			7,301	VENDOR PMT	COST
STUDENT RESEARCH & TRAVEL GRANTS	Middle East and North Africa	3	2,455	CHECKS			COST
STUDENT RESEARCH & TRAVEL GRANTS	Middle East and North Africa	3			6,933	VENDOR PMT	COST
STUDENT RESEARCH & TRAVEL GRANTS	North America	2	6,126	CHECKS			COST
STUDENT RESEARCH & TRAVEL GRANTS	Russia and the Newly Independent States	5	5,953	CHECKS			COST
STUDENT RESEARCH & TRAVEL GRANTS	South America	2	3,465	CHECKS			BOOK
STUDENT RESEARCH & TRAVEL GRANTS	South Asia	3	4,385	CHECKS			BOOK
STUDENT RESEARCH & TRAVEL GRANTS	Sub-Saharan Africa	4	4,937	CHECKS			BOOK
STUDENT RESEARCH & TRAVEL GRANTS	Sub-Saharan Africa	17			9,329	VENDOR PMT	COST

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 9

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) PRIZES & AWARDS	221		159,100	COST	NON-CASH PRIZES
(2) STUDENT RESEARCH AND TRAVEL GRANTS	184		370,712	COST	SUPPLIES, TRAVEL EXP
(3) STUDENT SCHOLARSHIPS	998		31,909,722	COST	TUITION RDCT

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

Return Reference	**Explanation**
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	STUDENT SCHOLARSHIPS ARE APPLIED DIRECTLY TO STUDENT ACCOUNTS TRAVEL AND STUDENT RESEARCH GRANTS REQUIRE SUBSTANTIATION
PART III - ACCOUNTING FOR CASH AND NONCASH ASSISTANCE	PAYMENTS/REIMBURSEMENTS DIRECTLY TO RECIPIENTS ARE CONSIDERED CASH ASSISTANCE PAYMENTS TO VENDORS TO BENEFIT RECIPIENTS, OR THE PURCHASE OF NONCASH ITEMS TO BE GIVEN TO RECIPIENTS ARE CONSIDERED NONCASH ASSISTANCE
PART III, COLUMN B - NUMBER OF RECIPIENTS	THE NUMBER OF RECIPIENTS FOR STUDENT SCHOLARSHIPS IS BASED ON FINANCIAL AID RECORDS OF RECIPIENTS THE NUMBER OF RECIPIENTS FOR PRIZES AND AWARDS IS ESTIMATED BASED ON THE NUMBER OF PAYEES (CASH PRIZES/AWARDS), AND THE NUMBER OF RECIPIENTS BENEFITTED OR NUMBER OF ITEMS PURCHASED (NONCASH PRIZES/AWARDS) THE NUMBER OF RECIPIENTS FOR STUDENT RESEARCH AND TRAVEL GRANTS IS ESTIMATED BASED ON THE NUMBER OF PAYEES (CASH GRANTS), AND/OR THE NUMBER OF RESEARCH PROJECTS FUNDED (CASH AND NONCASH GRANTS)

Additional Data

Software ID:
Software Version:
EIN: 23-1352635
Name: FRANKLIN & MARSHALL COLLEGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BICKSLER-MUHLENBERG ASSOCIATES (JSID) 354 N PRINCE ST LANCASTER,PA 17603	71-0927742	501(c)(3)	150,000		BOOK		Eastern Market Plaza Artwork Project GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FULTON THEATRE PO BOX 1865 LANCASTER,PA 17608	23-1631733	501(c)(3)	12,500		BOOK		GENERAL SUPPORT STAGE PRODUCTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LANCASTER GENERAL HEALTH FOUNDATION 609 N CHERRY ST PO BOX 2555 LANCASTER,PA 17604	20-5767147	501(c)(3)	20,000		BOOK		CHOICE PLUS PROGRAM CANCER INSTITUTE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MILLPORT CONSERVANCY 737 E MILLPORT RD LITITZ,PA 17543	22-2436077	501(c)(3)	100,000		BOOK		URBAN FOREST CENTRE GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
I HAVE A DREAM FOUNDATION 330 7TH AVE FL 20 NEW YORK, NY 10001	13-3355315	501(c)(3)	20,000		BOOK		TUITION RDCT SPRING GALA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER CITY & COUNTY LOYALTY DAY COMMITTEE PO BOX 10811 LANCASTER,PA 17605	23-2689968	501(c)(3)	10,000		BOOK		GENERAL SUPPORT BOND HOUSE RENOVATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER CITY ALLIANCE 354 N PRINCE ST STE 110 LANCASTER,PA 17603	46-3353021	501(c)(3)	7,500		BOOK		LANCASTER CITY EDP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER,PA 17603	13-5613797	501(c)(3)	5,500		BOOK		2014 HEART BALL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LANCASTER 120 N DUKE ST PO BOX 1599 LANCASTER,PA 17608	23-6001904	Govt Entity	6,667		BOOK		FIRST FRIDAY

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	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			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	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**		No
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	PRESIDENT - COLLEGE OWNED PROPERTY HOUSING IS PROVIDED FOR THE CONVENIENCE OF THE COLLEGE AND IS A CONDITION OF EMPLOYMENT CUSTODIAL SERVICES ARE PROVIDED TO MAINTAIN AND REFRESH THE PROPERTY FOR COLLEGE EVENTS AND ACTIVITIES HELD AT THE RESIDENCE THE HOUSING AND CUSTODIAL SERVICES ARE NOT INCLUDED IN TAXABLE COMPENSATION THE COLLEGE, FOR COLLEGE BUSINESS PURPOSES, REIMBURSES HEALTH/SOCIAL CLUB DUES AND BUSINESS EXPENSES THESE REIMBURSEMENTS ARE NOT INCLUDED IN TAXABLE COMPENSATION TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS A COLLEGE LEASED VEHICLE IS PROVIDED FOR TRAVEL RELATED ACTIVITIES PERSONAL USE OF THE VEHICLE IS INCLUDED IN TAXABLE COMPENSATION VP OF FINANCE AND ADMINISTRATION - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS THE COLLEGE, FOR COLLEGE BUSINESS PURPOSES, REIMBURSES HEALTH/SOCIAL CLUB DUES AND BUSINESS EXPENSES THESE REIMBURSEMENTS ARE NOT INCLUDED IN TAXABLE COMPENSATION VP FOR COLLEGE COMMUNICATIONS - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS PROVOST & DEAN OF THE FACULTY - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS VP FOR COLLEGE ADVANCEMENT - THE COLLEGE, FOR COLLEGE BUSINESS PURPOSES, REIMBURSES HEALTH/SOCIAL CLUB DUES AND BUSINESS EXPENSES THESE REIMBURSEMENTS ARE NOT INCLUDED IN TAXABLE COMPENSATION TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS DEAN OF THE COLLEGE - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS COLLEGE OWNED PROPERTY HOUSING IS PROVIDED FOR THE CONVENIENCE OF THE COLLEGE AND IS A CONDITION OF EMPLOYMENT PERSONAL SERVICES FOR MAID/CLEANING SERVICES ARE PAID TO MAINTAIN AND REFRESH THE PROPERTY FOR COLLEGE EVENTS AND ACTIVITIES HELD AT THE PROPERTY THE HOUSING AND CUSTODIAL SERVICES ARE NOT INCLUDED IN TAXABLE COMPENSATION VP & DEAN OF ADMISSION & FINANCIAL AID - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS CHIEF OF STAFF & SECRETARY OF THE COLLEGE - TAXABLE COMPENSATION IS PAID TO ACCOUNT FOR TAXES ON ADDITIONAL LIFE AND LTD INSURANCE PREMIUMS
SCHEDULE J, PART I, LINE 4b	THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE COLLEGE'S IRC SECTION 457(F) PLAN DURING THE REPORTING YEAR ANN STEINER $787 KENT TRACHTE $674 THE AMOUNTS FOR ALL OF THE INDIVIDUALS ABOVE WERE ACCRUED DURING THE YEAR ANN STEINER $17,860 KENT TRACHTE $15,310 THE AMOUNTS FOR THE INDIVIDUALS ABOVE WERE PAID OUT DURING THE CALENDAR YEAR

Additional Data

Software ID:
Software Version:
EIN: 23-1352635
Name: FRANKLIN & MARSHALL COLLEGE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel R Porterfield President	(i) (ii)	422,157 0	25,000 0	6,815 0	30,600 0	125,390 0	609,962 0	0 0
Casundra Amundson VP for College Communications	(i) (ii)	155,978 0	0 0	1,537 0	18,922 0	24,871 0	201,308 0	0 0
Matthew K Eynon VP For College Advancement	(i) (ii)	279,256 0	0 0	2,025 0	12,518 0	64,271 0	358,070 0	0 0
Margaret L Hazlett Dean of the College	(i) (ii)	85,154 0	15,000 0	272 0	9,646 0	45,386 0	155,458 0	0 0
J Samual Houser Chief of Staff & Secretary	(i) (ii)	146,451 0	15,000 0	1,874 0	22,155 0	31,714 0	217,194 0	0 0
Joseph J Karlesky Interim Provost & Dean of the	(i) (ii)	168,892 0	0 0	1,276 0	25,913 0	21,250 0	217,331 0	0 0
Daniel G Lugo VP & Dean of Admission & Finan	(i) (ii)	192,478 0	0 0	17,137 0	23,743 0	41,450 0	274,808 0	0 0
David Proulx VP for Finance & Administratio	(i) (ii)	293,960 0	17,746 0	2,589 0	30,600 0	47,522 0	392,417 0	0 0
Ann Steiner Former Provost & Dean of the F	(i) (ii)	218,418 0	0 0	18,363 0	33,753 0	13,592 0	284,126 0	17,860 0
Kent Trachte Dean of the College	(i) (ii)	95,339 0	0 0	15,722 0	14,981 0	7,281 0	133,323 0	15,310 0
Alan Caniglia Sr Assoc Dean & VP	(i) (ii)	163,238 0	0 0	167 0	25,220 0	16,215 0	204,840 0	0 0
Elizabeth Krapp Investment Office & Treasurer	(i) (ii)	154,746 0	0 0	2,600 0	23,483 0	46,407 0	227,236 0	0 0
D Grier Stephenson Professor Government	(i) (ii)	167,065 0	0 0	500 0	25,588 0	15,453 0	208,606 0	0 0
Beth Throne AVP STUDENT & post grad devel	(i) (ii)	154,899 0	15,000 0	750 0	0 0	32,219 0	202,868 0	0 0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990. ► See separate instructions.
►Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	LANCASTER HIGHER EDUCATION AUTHORITY	23-2224897	514328FY4	05-01-2006	56,364,018	MULTIPLE - SEE PART VI		X		X		X
B	LANCASTER HIGHER EDUCATION AUTHORITY	23-2224897	514328GB3	06-19-2008	29,891,597	MULTIPLE - SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,035,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	57,165,704	30,115,043		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	33	671,694		
6	Proceeds in refunding escrows	33,765,000	0		
7	Issuance costs from proceeds	598,639	439,501		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	22,802,032	29,003,846		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	2		
13	Year of substantial completion	2007	2011		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	3 480 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	3 480 %							
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

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

Return Reference	Explanation
PART I, COLUMN F - DESCRIPTION OF BOND ISSUE PURPOSE	BOND ISSUE A REFUND 6/15/1997 ISSUE, LIFE SCIENCE BUILDING PROJECT, AND ARMSTRONG PROJECT BOND ISSUE B NEW RESIDENCE HALL PROJECT, HARRIS CENTER PROJECT, KLEHR CENTER PROJECT, NORFOLK SOUTHERN PROJECT, AND OTHER MISCELLANEOUS CAPITAL IMPROVEMENTS TO EXISTING FACILITIES

Return Reference	Explanation
PART II, LINE 3 - DIFFERENCE BETWEEN GROSS PROCEEDS AND ISSUE PRICE	BOND ISSUES A & B THE DIFFERENCE BETWEEN THE GROSS PROCEEDS AND THE ISSUE PRICE IS DUE TO INVESTMENT EARNINGS

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DANIEL LUGO	EMPLOYEE	HOUSING ASSISTANCE		X	46,000	30,456		No	Yes		Yes	
Total		▶ $				30,456						

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	**Explanation**

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	17	68,000	FAIR VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	58	5,944,469	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	487,000	FAIR VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT EXPENSES)	X	15	29,306	FAIR VALUE
26 Other ▶ (EQUIPMENT)	X	5	5,575	FAIR VALUE
27 Other ▶(____________)				
28 Other ▶ (____________)				

			Yes	No
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		Yes	
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN B	NUMBER OF CONTRIBUTIONS The number of contributions is comprised of a combination of the number of items received and the number of contributions (securities and actual expenses paid by donor)
SCHEDULE M, PART I, LINE 32B	THIRD PARTY USED TO PROCESS OR SELL NONCASH CONTRIBUTIONS A third party is used to process and sell contributions of securities During accession and deaccession of collection items, appraisers and auction services may be used
SCHEDULE M, PART I, LINE 33	EXPLANATION FOR NOT REPORTING REVENUE The College does not recognize revenue for noncash contributions (other than securities) that are less than $10,000 in value

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
FRANKLIN & MARSHALL COLLEGE	23-1352635

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, Line 1	
FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS	AUXILIARY OPERATIONS, ACADEMIC SUPPORT, RESEARCH, PUBLIC SERVICE, AND INSTITUTIONAL SUPPORT
FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	THE COLLEGE HAS AN EXECUTIVE COMMITTEE WHO IS AUTHORIZED TO ACT IN PLACE OF THE FULL BOARD AT ALL TIMES IT WAS COMPOSED OF 11 MEMBERS OF THE BOARD, INCLUDING THE PRESIDENT, DURING FISCAL YEAR 2014
FORM 990, PART VI, LINE 11A - PROVIDE A COPY OF FORM 990 TO GOVERNING	BODY BEFORE FILING A COPY OF FORM 990 WAS SUPPLIED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO ITS FILING
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY IS CIRCULATED TO OFFICERS AND TRUSTEES ANNUALLY, REQUESTIN G A DECLARATION AND EXPLANATION OF POTENTIAL CONFLICTS WITH PROFESSIONAL AND OTHER DUTIES, INCLUDING MEMBERSHIP ON OTHER BOARDS OFFICERS AND TRUSTEES CANNOT PARTICIPATE IN DELIBER ATIONS OR ACTIONS BY THE COLLEGE WITH RESPECT TO ANY PROPOSED TRANSACTION OR RELATIONSHIP WITH RESPECT TO WHICH THE TRUSTEE OR OFFICER HAS A FINANCIAL INTEREST OR OTHER CONFLICT OF INTEREST
FORM 990, PART VI, LINE 15A & 15B - COMPENSATION PROCESS FOR TOP	OFFICIAL AND SENIOR OFFICERS EACH YEAR, PERFORMANCE REVIEWS ARE CONDUCTED BETWEEN FEBRUAR Y AND MAY FOR SENIOR OFFICERS (PRESIDENT, VICE PRESIDENTS, PROVOST, AND DEAN OF THE COLLEG E) INDEPENDENTLY-GATHERED COMPARISON COMPENSATION DATA IS REVIEWED BY THE COMPENSATION CO MMITTEE, AND EXECUTIVE COMPENSATION DETERMINATIONS ARE MADE BY THE COMMITTEE BASED ON PERF ORMANCE AND BENCHMARK DATA COMPENSATION DECISIONS ARE contemporaneously DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	THE COLLEGE'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013

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Name of the organization
FRANKLIN & MARSHALL COLLEGE

Employer identification number
23-1352635

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) MILLPORT CONSERVANCY 737 E MILLPORT ROAD LITITZ, PA 17543 22-2436077	NATURE PRESER	PA	501(C)(3)	PF	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NW GATEWAY PROJECT PO BOX 3003 LANCASTER, PA 17604 61-1625128	LAND ACQUISITION	PA	NA	EXCLUDED	266	11,284,651		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER TRUST (4) PO BOX 3003 LANCASTER, PA 17604	SPLIT INTEREST		NA	Trust				Yes	
(2) UNITRUST (27) PO BOX 3003 LANCASTER, PA 17604	SPLIT INTEREST		NA	Trust				Yes	
(3) ANNUITY TRUST (7) PO BOX 3003 LANCASTER, PA 17604	SPLIT INTEREST		NA	Trust				Yes	
(4) PERPETUAL INCOME TRUST (10) PO BOX 3003 LANCASTER, PA 17604	PERPETUAL TRUST	PA	NA	Trust				Yes	
(5) REMAINDER TRUST (5) PO BOX 3003 LANCASTER, PA 17604	REMAINDER TRUST		NA	Trust				Yes	
(6) ADVANCED STUDIES IN ENGLAND LTD 2 PIERREPONT STREET BATH, PA 17403	study abroad	UK	NA	C Corp	1,752,673	3,529,678	100 000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the 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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) MILLPORT CONSERVANCY	b	100,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Part IV, Column (c)	LEGAL DOMICILE OF TRUSTS CHARITALBLE REMAINDER TRUSTS - TWO CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN PENNSYLVANIA ONE IS DOMICILED IN TEXAS, AND ANOTHER IS DOMICILED IN NORTH CAROLINA UNITRUSTS - TWENTY ONE UNITRUSTS ARE DOMICILED IN PENNSYLVANIA TWO UNITRUSTS ARE DOMICILED IN NEW JERSEY ONE UNITRUST IS DOMICILED IN EACH OF THE FOLLOWING STATES FLORIDA, ILLINOIS, VIRGINIA, WASHINGTON ANNUITY TRUSTS - FIVE ANNUITY TRUSTS ARE DOMICILED IN PENNSYLVANIA ONE ANNUITY TRUST IS DOMICILED IN NEW JERSEY AND ONE IS DOMICILED IN CALIFORNIA PERPETUAL TRUSTS - NINE PERPETUAL TRUSTS ARE DOMICILED IN PENNSYLVANIA ONE PERPETUAL TRUST IS DOMICILED IN FLORIDA REMAINDER TRUSTS - ONE REMAINDER TRUST IS DOMICILED IN EACH OF THE FOLLOWING STATES PENNSYLVANIA, MINNESOTA, MONTANA, DELEWARE, FLORIDA
Part V, Line 2(1)	Additional Information THE $100,000 CONTRIBUTED TO THE MILLPORT CONSERVANCY WAS A CONTRIBUTION FROM THE COLLEGE TO PAY FOR THE CONSERVANCY'S ORDINARY OPERATING EXPENDITURES

TY 2013 Itemized Other Current Liabilities Schedule

Name: FRANKLIN & MARSHALL COLLEGE

EIN: 23-1352635

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		OTHER LIABILITES - CURRENT	695,290	758,369

TY 2013 Itemized Other Current Assets Schedule

Name: FRANKLIN & MARSHALL COLLEGE

EIN: 23-1352635

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAYMENTS AND ACCRUED INCOME	44,456	123,089

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TY 2013 Other Deductions Schedule

Name: FRANKLIN & MARSHALL COLLEGE

EIN: 23-1352635

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
WAGES AND SALARIES	178,197	286,934
DIRECTORS' REMUNERATION	55,837	89,909
EMPLOYER'S NI CONTRIBUTIONS	6,752	10,872
DIRECTOR'S MONEY PURCH. PENS. COSTS	3,563	5,737
STAFF MONEY PURCH. PENS. COSTS	4,366	7,030
STAFF BENEFITS	4,756	7,658
ACADEMIC BOARD	1,628	2,621
CONSULTANTS	15,344	24,707
RATES	10,395	16,738
INSURANCE	30,512	49,131
LEASING OF OFFICE EQUIPMENT	3,469	5,586
LIGHT AND HEAT	12,803	20,615
CLEANING	4,580	7,375
REPAIRS AND MAINTENANCE	13,867	22,329
PRINTING, POSTAGE & STATIONERY	8,334	13,419
ADVERTISING AND PUBLICITY	26,072	41,981
STUDENT RECRUITMENT	14,419	23,218
US RECRUIMENT COORDINATOR	3,476	5,597
TELEPHONE	4,047	6,517
EQUIPMENT REPAIRS	2,377	3,827
TRAVEL	470	757
LEGAL AND PROFESSIONAL	13,634	21,954
ACCOUNTANCY	3,096	4,985
AUDIT	3,120	5,024
BANK CHARGES	2,072	3,336
SCHOLARSHIP AWARDS	850	1,369
LOSS ON EXCHANGE	25,808	41,556
GENERAL EXPENSES	9,905	15,949
DEPRECIATION	12,892	20,759

TY 2013 Itemized Other Liabilities Schedule

Name: FRANKLIN & MARSHALL COLLEGE

EIN: 23-1352635

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OTHER LIABILITIES - LT	296,539	315,014