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DLN: 93493106005206

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

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

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	elendar year, or tax year beginning 06-01-2014 , and ending 05-31-2015			
B Che	eck if a	pplicable	C Name of organization Curry College) Employer i	dentification number
┌ Add	ress ch	nange			04-21998	367
□ _{Nar}	ne chai	nae	% DAVID NERENBERG-DIR OF FINAN Doing business as		0 7 21330	, , ,
	ıal retu	_	Doing Business as			
		111	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telephone n	umber
_	ırn/terr	mınated	1071 BLUE HILL AVENUE		(617)333	3-2302
_	ended i	return n pending	City or town, state or province, country, and ZIP or foreign postal code MILTON, MA 02186	,	G Gross receip	ts \$ 119,959,130
			F Name and address of principal officer) Is this :	a group reti	ırn for
			Kenneth K Quigley Jr	subordi		Γ Yes Γ No
			1071 BLUE HILL AVENUE MILTON, MA 02186	_		
			H(b)	Are all : include:	subordinate	s 「Yes「No
I Ta	k-exem	npt status	s			st (see instructions)
J W	ebsite	e: - W	WW CURRY EDU H(c)) Group	exemption	number ►
K Forr	n of ord	ganızatıo	n	ear of form	ation 1879	M State of legal domicile MA
	rt I		mmary			•
Governance	<u>\</u> - -	TO EDU	describe the organization's mission or most significant activities UCATE AND GRADUATE STUDENTS PREPARED TO ENGAGE IN SUCCESSI A GLOBAL PERSPECTIVE this box The organization discontinued its operations or disposed of more			
ŝ						
26	3 1	Numbei	r of voting members of the governing body (Part VI, line 1a)		3	17
Activities &	4 1	Numbei	r of independent voting members of the governing body (Part VI, line 1b) $$. $$.		. 4	16
5	5	Total nu	umber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	1,749
a ब	6	Total ni	umber of volunteers (estimate if necessary)		. 6	67
	7a 7	Total ur	nrelated business revenue from Part VIII, column (C), line 12		. 7	a 0
	ы	Net unr	related business taxable income from Form 990-T, line 34		. 7	b
				Prior Y	'ear	Current Year
	8	Conti	ributions and grants (Part VIII, line 1h)		1,238,028	2,226,560
를	9		ram service revenue (Part VIII, line 2g)	98,818,386		104,964,355
Revenue	10	Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		6,215,685	10,886,790
ď	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,870,087	1,863,628
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
					8,142,186	119,941,333
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)	2	4,687,238	29,103,205
	14		fits paid to or for members (Part IX, column (A), line 4)		0	0
g)	15	Salar 5-10	ries, other compensation, employee benefits (Part IX, column (A), lines	4	5,350,915	46,174,156
Expenses	16a		essional fundraising fees (Part IX, column (A), line 11e)		0	0
ੜੇ	b	Total f	fundraising expenses (Part IX, column (D), line 25) ►871,217			
	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	9,677,090	30,484,343
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,715,243	105,761,704
	19	Reve	nue less expenses Subtract line 18 from line 12		8,426,943	14,179,629
Net Assets or Fund Balances			Ве	eginning o Yea		End of Year
9 48 19 48	20	Total	l assets (Part X, line 16)	22	7,948,040	230,887,180
ŽŽ.	21		I liabilities (Part X, line 26)		5,834,838	99,398,622
žŽ	22		assets or fund balances Subtract line 21 from line 20	12	2,113,202	131,488,558
Pai	t II		nature Block			· ·
my kr	rer ha	dge and as any l	f perjury, I declare that I have examined this return, including accompanying so dibelief, it is true, correct, and complete Declaration of preparer (other than offi- knowledge **** nature of officer VID NERENBERG DIRECTOR OF FINANCE	ıcer) ıs ba		
		Тур	e or print name and title			
			Print/Type preparer's name Preparer's signature Date Robert J Butler Jr Robert J Butler Jr	Check		V
Paid	t	}	Firm's name F GRANT THORNTON LLP	self-en Firm's	nployed FTN ▶-	
Pre	pare	er				
مواا	•		Firm's address ► 75 STATE STREET	Phone	no (617) 723	3-7900

BOSTON, MA 02109

✓ Yes ☐ No

Form	990 (2014)					Page 2
Par		nt of Program Serv chedule O contains a res			II	
	RY COLLEGE IS A		IITY OF DIVE		DUCATORS, COMMITTED TO D CRITICAL THINKING SKIL	
2	the prior Form 99	on undertake any signific 0 or 990-EZ?			which were not listed on	┌ Yes ┌ No
3	Did the organizati	on cease conducting, or	make significa	nt changes in how it coi	nducts, any program	┌ Yes ┌ No
4	Describe the orga expenses Section		ce accomplishr 1) organization	s are required to report	ee largest program services, a the amount of grants and alloc	
4a	(Code) (Expenses \$	57,106,710	ıncludıng grants of \$	28,893,053) (Revenue \$	83,577,373)
	DEGREES TO A COM	BINED ENROLLMENT OF APPRO	DXIMATELY 3,800	STUDENTS THE COLLEGE OF	T INSTITUTUTION GRANTING UNDERC FERS 22 UNDERGRADUATE DEGREES IBINED FACULTY AND STAFF AT CURR	AND FOUR MASTERS
4b	(Code		19,820,602	ıncludıng grants of \$) (Revenue \$)
	STUDENT SERVICES ATHLETIC TEAMS, IN	- CURRY COLLEGE OFFERS A ITRAMURAL SPORTS AND APPR	WIDE VARIETY OF ROXIMATELY 35 ST	EXTRA AND CO-CURRICULA UDENT CLUBS AND GROUPS	AR ACTIVITIES THESE INCLUDE FOUR	TEEN DIVISION III NCAA
4c	(Code) (Expenses \$	11,649,614	ıncludıng grants of \$) (Revenue \$	21,386,982)
	AUXILIARY ENTERPR DIFFERENT RESIDEN		IDES HOUSING AN	D MEAL SERVICES TO STUDI	ENTS MORE THAN 1,300 STUDENTS R	RESIDE ON CAMPUS IN 19
	See Additional D	ata				
4d	Other program s (Expenses \$	ervices (Describe in Sch 8,818,410 ind		of \$ 210,:	152)(Revenue \$)

97,395,336

Total program service expenses ►

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? <i>If "Yes," complete Schedule C, Part II</i>	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^{\bullet}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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 $X^{f G}$	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	Yes	
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		No
L3	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	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	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
С	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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	
		F	orm 990	(2014)

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	<u> </u>						
4-	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialistics.		Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,263 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?	1 c	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							
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?	За		No				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
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		No				
b	If "Yes," enter the name of the foreign country							
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο				
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).			1				
	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	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year							
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		Νo				
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	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							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	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							
	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							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
ь	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.

Se	ection A. Governing Body and Management							
			Yes	No				
1 a	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							
b	Enter the number of voting members included in line 1a, above, who are independent							
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		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		Νo				
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							
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	annates, and branches to ensure their operations are consistent with the organization's exempt purposes.	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes					
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes					
12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a						
12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a	Yes					
12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes					
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes					
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes					
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes					
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes					
12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes					
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes					
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No				
12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No				

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- 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 Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID NERENBERG-DIR OF FINAN

1071 BLUE HILL AVE

MILTON, MA 02186 (617) 333-2012

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	c., ou employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Dr salvatore a balsamo trustee (thru May 2015)	1 0	х						0	0	0
(2) anthony m campo esq	1 0	Х		х				0	0	0
(3) dr ruth ellen fitch esq	1 0	х						0	0	0
trustee	0 0	^						0	0	
(4) david k hemenway	1 0	x						0	0	0
trustee	0.0									
(5) w patrick hughes trustee	0 0	х						0	0	0
(6) John w keith clerk	1 0	х		х				0	0	0
(7) vincent j lombardo	1 0	х						0	0	0
(8) John t mahoney III esq	10	×						0	0	0
trustee	0.0									
(9) Dr Joyce A Murphy Trustee	0 0	Х						0	0	0
(10) Robert M Platt Trustee	1 0	х						0	0	0
(11) Joseph P Plunkett	1 0	х						0	0	0
Trustee (12) Mitchell I Quain	10									
Trustee	0 0	Х						0	0	0
(13) Thomas J Quinlan III Trustee	1 0	х						0	0	0
(14) Curtis Rodman	1 0	х						0	0	0
Trustee	0 0									Form 990 (2014)

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

(B) A verage hours per week (list any hours	Average Position (do not check ours per more than one box, unless compensation real person is both an officer organization							Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
1 0	x						0	0	ı	0
0 0										
	x						0	0	ı	0
10										
0 0	X		×				0	0		0
40 0	х		х				497,234	0		61,598
40 0			х				318,924	0		44,722
0 0										
					x		247,756	0	ı	38,773
40 0										
0 0					×		211,884	0		30,426
40 0					×		189 546	0		35,425
0.0					``		103,010			00,120
					x		191,226	0	ı	19,778
40 0										
0 0					х		174,175	0		20,573
•							•		•	
					 					
t VII, Section A					⊢ ⊨					
					- ▶		1,830,745	0		251,295
			ed a	bove	e) who	rece	eived more than	·		
									Yes	No
		e, key	y em	nplo •	yee, o	r hıg	hest compensate			No
									Yes	
										No
	ındepe	nden	nt co	ntra	ctors	that	received more th	nan \$100,000 of		
eport compensa							ing with or within	the organization's		
							Description	on of services	Comper	
	A verage hours per week (list any hours for related organizations below dotted line) 10 00 10 00 400 00 400 00 400 00 400 00 400 00	A verage hours per week (list any hours for related organizations below dotted line) 10	A verage hours per week (list any hours for related organizations below dotted line) 10	A verage hours per week (list any hours for related organizations below dotted line) 10	A verage hours per week (list any hours for related organizations below dotted line) 10	A verage hours per week (list any hours for related organizations below dotted line) 10 10 10 10 10 10 10 10 10 1	A verage hours per week (list any hours for related organizations below dotted line) 10 10 10 10 10 10 10 10 10 1	Average Nours per week (list any hours for related organizations below dotted line) O	Average hours per week (list any hours for related person is both an officer and a director/trustee) for related organizations below dotted line) 10	Average hours per week (list any hours for related organizations of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee) of the compensation of the cale and a director/trustee of the compensation of the cale and a director/trustee of the cale and

(A) Name and business address	(B) Description of services	(C) Compensation
ROYALL AND COMPANY, 1920 EAST PARHAM ROAD RICHMOND, VA 23228	STUDENT RECRUITMENT	990,666
HOLLAND KNIGHT LLP, PO BOX 864084 11050 LAKE UNDERHI ORLANDO, FL 32825	LEGAL	316,283
GRANT THORNTON LLP, 75 STATE STREET BOSTON, MA 02109	AUDIT & TAX	202,915

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Form 99		<u> </u>						Page 9
Part V	/++1	Statement of Check of Schedu	o f Revenue ule O contains a respoi	nse or note to any lir	ne 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
2 E	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
ē,ē	С	Fundraising ev	ents 1c	12,199				
iffs ar /	d	Related organiz	zations 1d					
s, G	е	Government grant	s (contributions) 1e	284,427				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	1,929,934				
atrib d Ott	g	1a-1f \$	ons included in lines	5,292	2 226 560			
<u>ပြ</u>	h	Total. Add lines	sla-lf	· · · •	2,226,560			
e =	3-	TUTTON AND EFF	-	Business Code				
ven	2a	TUITION AND FEES		900099	83,577,373	83,577,373		
产	b c	RESIDENCE HALLS BOOKSTORE	<u> </u>	721000 451211	12,428,297 185,766	12,428,297 185,766		
r vic	d	MEAL PLANS		722320	8,772,919	8,772,919		
Ÿ	e			722323	0,,,2,515	0,172,313		
Program Service Revenue	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		104,964,355			
	3		ome (including dividen ar amounts)		6,521,068			6,100,912
	4		stment of tax-exempt bond	-	0			0
	5	Royalties .	<u> </u>		0			
		Current member	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	_ c	expenses Rental income	0	0				
		or (loss)	ma ar (lasa)		0			
	d	Net rental inco	me or (loss) (ı) Securities	(II) O ther	Ŭ			
	7a	Gross amount		(ii) o chei				
		from sales of assets other than inventory	4,365,722					
	b	Less cost or other basıs and						
	c	sales expenses Gain or (loss)	4,365,722					
	d	Net gain or (los	ss)	· · · · •	4,365,722			4,365,722
á)	8a	Gross income f events (not inc						
Other Revenue		Ψ	2,199 s reported on line 1c) ne 18					
œ.		,	a	30,258				
	b		penses b	17,797				
ō	C		(loss) from fundraising	events 🛌	12,461			12,461
	9a		from gaming activities ne 19 a					
	b		penses b		0			
	10a	Gross sales of returns and allo		villes	0			
	ь		oods sold b					
	С	Net income or i	(loss) from sales of inv	entory Business Code	0			
	11a	SPORTS CAME		900099	649,752			649,752
	ь	DAYCARE ANI		624410	644,545			644,545
		VENDING	_	2				
	C	FACILITIES R		900099	524,086 32,784			524,086 32,784
	d e	All other reven Total. Add lines	ue s 11a-11d	🕨	32,784			32,/64
	12			_ -	1,851,167			
	**	rocar revenué.	See Instructions .	· · · · •	119,941,333	104,964,355		12,330,262

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	210,152	210,152		
2	Grants and other assistance to domestic individuals See Part IV, line 22	28,799,003	28,799,003		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	94,050	94,050		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,147,695	1,032,538	102,932	12,225
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	34,737,974	31,252,466	3,115,496	370,012
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,247,493	2,021,986	201,568	23,939
9	Other employee benefits	5,493,304	4,942,122	492,670	58,512
10	Payroll taxes	2,547,690	2,292,062	228,491	27,137
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	297,577		297,577	
c	Accounting	107,572		107,572	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	420,156		420,156	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,045,623	896,795	148,539	289
12	Advertising and promotion	946,823	874,130	59,992	12,701
13	Office expenses	3,675,807	3,026,733	618,924	30,150
14	Information technology	895,918	796,684	92,282	6,952
15	Royalties	5,287	5,287		
16	Occupancy	4,579,334	4,114,443	426,261	38,630
17	Travel	848,501	752,883	78,622	16,996
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,927,643	1,664,930	186,108	76,605
20	Interest	3,236,760	3,026,469	121,745	88,546
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,375,529	5,919,517	357,963	98,049
23	Insurance	805,578	798,821	6,757	
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)				
а	DINING	3,834,636	3,834,636		
b	OTHER CONTRACTOR SERVICES	472,075	306,707	155,483	9,885
c	ALL OTHER EXPENSES	1,009,524	732,922	276,013	589
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	105,761,704	97,395,336	7,495,151	871,217
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)				
				_	rm 990 (2014)

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line i	n this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			75,466	1	88,703
	2	Savings and temporary cash investments			869,941	2	907,083
	3	Pledges and grants receivable, net			242,500	3	187,500
	4	Accounts receivable, net			1,302,723	4	1,244,577
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	d conti emplo	ributing employers			0
20	7	Notes and loans receivable, net			238,884	7	224,522
4	8	Inventories for sale or use			200,004	8	0
	9	Prepaid expenses and deferred charges			851,961	9	803,662
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	170,929,565	301,001	9	
	ь	Less accumulated depreciation	10b	66,314,465	93,295,573	10c	104,615,100
	11	Investments—publicly traded securities	$\overline{}$		90,334,295	11	96,637,468
	12	Investments—other securities See Part IV, line 11			18,064,593	12	20,768,800
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			22,672,104	15	5,409,765
	16	Total assets. Add lines 1 through 15 (must equal line 34).			227,948,040		230,887,180
	17	Accounts payable and accrued expenses			14,013,689	17	10,814,417
	18	Grants payable			0	18	0
	19	Deferred revenue			2,546,466		2,535,755
	20	Tax-exempt bond liabilities			88,209,876	20	84,575,061
	21	Escrow or custodial account liability Complete Part IV of Sc			0	21	0
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	ctors,			21	<u>_</u>
Liabiliti		persons Complete Part II of Schedule L			0	22	0
∺	23	Secured mortgages and notes payable to unrelated third part			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 reland other liabilities not included on lines 17-24) Complete P	lated t	hird parties,			
		D			1,064,807	25	1,473,389
	26	Total liabilities. Add lines 17 through 25			105,834,838	26	99,398,622
seo		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ aı	nd complete			
<u>a</u>	27	Unrestricted net assets			116,745,601	27	127,718,053
<u>8</u>	28	Temporarily restricted net assets			3,543,173	28	2,468,134
돧	29	Permanently restricted net assets			1,824,428	29	1,302,371
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here l	- ┌─ and			
S OF	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			122,113,202	33	131,488,558
Z	34	Total liabilities and net assets/fund balances			227,948,040	34	230,887,180

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
•	Total revenue (must equal Dart VIII. column (A.) line 12.)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		119,9	941,333
2	Total expenses (must equal Part IX, column (A), line 25)	2		105.7	61,704
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		14,1	179,629
-		4		122,1	13,202
5	Net unrealized gains (losses) on investments	5		-3,9	96,661
6	Donated services and use of facilities				
7	Investment system	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9		- 8	307,612
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		131,4	188,558
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on	ı		
	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 separabasis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 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		3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2199867 **Name:** Curry College

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

(Code) (Expenses \$	8,818,410	including grants of \$	210,152) (Revenue \$)
ACADEMIC SUPPORT					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493106005206

Employer identification number

93493106005206

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2014

Open to Public Inspection

Curry C	Jollege	2					04-2199867			
Part I Reason for Public Charity Status (All organizations must complete this part.) See						ons.				
		zation is not a private fo								
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	굣	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)					
3	Γ	A hospital or a cooper	atıve hospıtal	service organization (described in sec	tion 170(b)(1)(A)(iii).			
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital c	lescribed in se c	ction 170(b)(1)(A)(iii	i). Enter the		
	_	hospital's name, city,								
5	ļ	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in		
_	_	section 170(b)(1)(A)								
6	<u> </u>	A federal, state, or loc	_	-						
7	ı	An organization that n described in section 1	•	·		om a governme	ental unit or from the o	general public		
8	Γ	A community trust de				tII)				
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross		
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of		
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses		
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)			
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See sectio	n 509(a)(4).			
11	Γ	An organization organ								
		one or more publicly s								
а	\vdash		he box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the							
u	'	supported organization								
	_	organization You mus			-					
b	Γ	Type II. A supporting								
		management of the su must complete Part IV			same persons t	hat control or i	manage the supported	ed organization(s) You		
c	Г	Type III functionally	•		n operated in c	onnection with	. and functionally inte	grated with, its		
	•	supported organizatio	_		•			g ,		
d	Γ	Type III non-function								
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement		
e	Г	Check this box if the o					s a Type I. Type II. T	vpe III functionally		
	•				ted supporting organization					
f		Enter the number of su	upported organ	nizations						
g	g Provide the following information about the supported organization(s)									
	/i\NI:	ama of cupported	(ii) EIN	(iii) Type of	(iv) Is the ord	nanization	(v) A mount of	(vi) Amount of		
(i)Name of supported organization			(11) 2111	organization	listed in your	•	monetary support	other support (see		
01941112411011			(described on lines	docume		(see instructions)	instructions)			
				1-9 above or IRC						
				section (see instructions))						
				macructions))	Yes	No				
Total										

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf 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						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	ia 33 1/3% support test—2014. 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						
h					and line 15 is 3	3 1/3% or mo	
	b 33 1/3% support test—2013. 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					re, check this ▶□	
17a	.7a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14						,
is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain							
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Open to Public

lame of the courry College		<u></u>	Employer identification number
	ganizations Maintaining Donor Adv ganization answered "Yes" to Form 990,		04-2199867 unds or Accounts. Complete if the
01	gamzation answered Tes to Form 550	(a) Donor advised funds	(b) Funds and other accounts
Total num	ber at end of year		
Aggregate	value of contributions to (during year)		
	value of grants from (during year)		
	value at end of year		
Did the or	rganization inform all donors and donor adviso the organization's property, subject to the org		nor advised Yes No
used only	ganization inform all grantees, donors, and do for charitable purposes and not for the benefi i impermissible private benefit?		
art III Co	nservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
Purpose(s	s) of conservation easements held by the orga	anızatıon (check all that apply)	
┌ Prese	rvation of land for public use (e g , recreation	or education) Γ Preservation of an	historically important land area
☐ Proted	tion of natural habitat	Preservation of a	certified historic structure
┌ Prese	rvation of open space		
	lines 2a through 2d if the organization held a on the last day of the tax year	qualified conservation contribution in t	the form of a conservation
			Held at the End of the Year
Total num	ber of conservation easements		2a
Total acre	eage restricted by conservation easements		2b
Number o	f conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c
	f conservation easements included in (c) acq tructure listed in the National Register	uired after 8/17/06, and not on a	2d
Number o	f conservation easements modified, transferroear	ed, released, extinguished, or terminate	ed by the organization during
Number o	f states where property subject to conservati	on easement is located ►	
	organization have a written policy regarding t ent of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of violations, and Yes No
Staff and ▶-	volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments during the year
A mount o	f expenses incurred in monitoring, inspecting	, and enforcing conservation easement:	s during the year
Does eac	h conservation easement reported on line 2(don 170(h)(4)(B)(ii)?	l) above satisfy the requirements of sec	retion 170(h)(4)(B)(i) Yes No
balance s	II, describe how the organization reports con heet, and include, if applicable, the text of the ization's accounting for conservation easeme	e footnote to the organization's financia	
	ganizations Maintaining Collections Implete if the organization answered "You		or Other Similar Assets.
works of a	anization elected, as permitted under SFAS 1 irt, historical treasures, or other similar asset rovide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
works of a	anization elected, as permitted under SFAS 1 irt, historical treasures, or other similar asset rovide the following amounts relating to these	ts held for public exhibition, education,	
(i) Reven	ue included in Form 990, Part VIII, line 1		► \$
	s included in Form 990, Part X		
If the orga	s included in Form 990, Part X anization received or held works of art, histori amounts required to be reported under SFAS :		or financial gain, provide the
Revenue	ncluded in Form 990, Part VIII, line 1		▶ \$
A ccatcun	cluded in Form 990 Part Y		b ⊷ &

Part	•••• Organizations Maintaining Co	llections of Art, I	<u> Hist</u>	<u>ori</u>	<u>cal Tr</u>	eası	ures, or O	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	, che	eck a	iny of t	the fol	lowing that a	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan	orexo	:hange progi	ams			
b	Scholarly research		e	Γ	Other	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explain	how	they	furthe	er the	organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit									_	_
Do	assets to be sold to raise funds rather than t									☐ Yes	│ No
Раг	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	u Y	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets r		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowi	ng ta	able						
									Ar	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, fo	ores	crow	rcust	odial accou	nt lıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xplai	natio	n has	been	provided in I	art :	×III		Γ
Pa	rt V Endowment Funds. Complete										
_			(b) Pi	rior ye		b (c) ⊤			Three years back	(e)Four	years back
1a	Beginning of year balance	90,423,929		-	16,943		61,535,483 2,484,100	-	57,473,904		40,738,024
b	Contributions	705,469		4,3	14,485		2,464,100	<u> </u>	5,311,436		9,569,256
С	Net investment earnings, gains, and losses	6,154,441		10,2	84,278		12,382,502	<u>!</u>	-859,624		7,513,959
d	Grants or scholarships	100,070			84,318		88,163	<u> </u>	51,952		73,267
е	Other expenditures for facilities and programs	2,324,216		3	07,459		296,979)	338,281		274,068
f	Administrative expenses										
g	End of year balance	94,859,553		90,4	23,929		76,016,943	3	61,535,483		57,473,904
2	Provide the estimated percentage of the cur	ent year end balance	(lıne	1g,	colum	ın (a))	held as				
а	Board designated or quasi-endowment ►	96 000 %									
b	Permanent endowment ► 1 400 %										
С	Temporarily restricted endowment ► 2 6 The percentages in lines 2a, 2b, and 2c sho	00 % uld equal 100%									
За	Are there endowment funds not in the posses	·	on th	hat a	re hel	dand	admınıstere	d for	the		
	organization by	-								Yes	+
	(i) unrelated organizations		•	•		•		•	3a	•	No
ь	(ii) related organizations							•	3a(No No
4	Describe in Part XIII the intended uses of the	•				•		•			
Par	t VI Land, Buildings, and Equipme	ent. Complete if the				n ans	wered 'Yes	' to	Form 990, Pa	art IV,	ine
	11a. See Form 990, Part X, line : Description of property	10.			Cost or (invest		(b)Cost or of basis (other		(c) Accumulated depreciation	(d) B	ook value
	and		\dashv			0	2,672	.481			2,672,481
	Buildings		}			0	130,633		38,157,60	4	92,475,732
	Leasehold improvements		.			0	<u> </u>	,357	359,53	_	1,824
	Equipment		.			0	27,987	_	23,276,46	+	4,711,028
	Other					0	9,274		4,520,86	_	4,754,035
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		colun	nn (E	3), line	10(c).					.04,615,100
									Schedule I) (Form	990) 2014

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) REPURCHASE AGREEMENTS W BANKS	282,513	F
(B) OVERNIGHT SWEEP ACCOUNT W BANK	20,486,287	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 20,768,800	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the of your market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	 -	
Part IX Other Assets. Complete if the organization (a) Description		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Form 990, Part X, line 25.	anization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes STUDENT DEPOSITS	1,202,200	
GOVERNMENT ADVANCES - STUDENT	234,109	
AGENCY FUNDS	37,080	
	+	
- 11 (0/1-1/1)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,473,389	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per Re	turn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	86,631,463
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -3,996,66	1	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-3,996,661
3	Subtract line 2e from line 1	3	90,628,124
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 420,15	5	
b	Other (Describe in Part XIII)	3	
c	Add lines 4a and 4b	4c	29,313,209
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	119,941,333
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	es per F	Return. Complete
1	Total expenses and losses per audited financial statements	1	77,256,107
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	2	
e	Add lines 2a through 2d	2e	807,612
3	Subtract line 2e from line 1	3	76,448,495
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 420,15	6	
b	Other (Describe in Part XIII)	3	
c	Add lines 4a and 4b	4c	29,313,209
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	105,761,704
Par	XIII Supplemental Information		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and	2b,	

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
Schedule D, Part V, Line 4	THE COLLEGE INTENDS TO USE ALL OF ITS ENDOWMENT FUNDS IN SUPPORT OF ITS EXEMPT PURPOSE EXTERNALLY RESTRICTED FUNDS WILL BE USED IN A MANNER CONSISTENT WITH DONOR RESTRICTIONS, INCLUDING SCHOLARSHIPS, FACILITIES AND VARIOUS STUDENT SERVICES THE SPECIFIC USE OF UNRESTRICTED FUNDS WILL BE AS APPROVED BY THE COLLEGE'S GOVERNING BOARD ON NEEDS IDENTIFIED AT THE TIME
Schedule D, Part X, Line 2	The College is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code, as amended (the Code), and is generally exempt from income taxes pursuant to Section 501(a) of the Code The College is required to assess uncertain tax positions and has determined that there were no such positions that are material to the financial statements
Schedule D, Part XII, Line 2D	FOR PURPOSES OF 990 REPORTING, TOTAL FUNCTIONAL EXPENSES REPRESENT ALL OPERATING EXPENSES OF THE COLLEGE FORM 990, PART IX DOES NOT INCLUDE THE LOSS ON EXTINGUISHMENT OF DEBT IN THE AMOUNT OF \$807,612 THAT IS REPORTED ON THE COLLEGE'S AUDITED STATEMENT OF ACTIVITIES
Schedule D, Part XI, Line 4B and Part XII, Line 4b	Total revenue per the audited financial statements is presented net of institutional scholarships and investment management fees. For purposes of 990 reporting, total revenues and expenses per the audited financial statements have been grossed up by institutional scholarships of \$28,893,053

Jenedale 2 (1 31111 33 3) 23 13	i age S	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493106005206

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Curry College 04-2199867 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo 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 b Has the organization's right to such aid ever been revoked or suspended? Νo 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

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

Return Reference	Explanation
Schedule E, Part I, Line 3	CURRY COLLEGE IS AN INDEPENDENT NONSECTARIAN INSTITUTION THAT ADMITS STUDENTS WHO HAVE THE NECESSARY PREPARATION AND ACADEMIC BACKGROUND TO MEET THE REQUIREMENTS OF THE COLLEGE NO STUDENT IS DENIED ADMISSION ON THE GROUNDS OF RACE, RELIGION, COLOR, SEX, AGE, ETHNIC OR NATIONAL ORIGIN OR ANCESTRY, PHSY SICAL OR MENTAL DISABILITY, PREGNANCY, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, VETERAN OR MILITARY STATUS, MEMBERSHIP IN THE UNIFORMED SERVICES, OR ANY OTHER PROTECTED STATUS AND PROVIDED THAT HE OR SHE HAS THE NECESSARY PREPARATION AND ACADEMIC BACKGROUND THIS INFORMATION IS PUBLISHED IN VARIOUS LITERATURE PROMOTING THE COLLEGE AND THE ANNUAL CURRY COLLEGE COURSE CATALOG THE COLLEGE'S NONDISCRIMINATION POLICY CAN BE FOUND ON ITS WEBSITE AT WWW CURRY EDU
Schedule E, Part I, Line 6a	CERTAIN STUDENTS OF THE COLLEGE RECEIVE FINANCIAL AID FROM THE STATE AND FEDERAL GOVERNMENTS IN THE FORM OF GRANTS AND LOANS UNDER THE FEDERAL PELL GRANT, WILLIAM D FORD FEDERAL DIRECT LOAN PROGRAM, FEDERAL WORK-STUDY, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, FEDERAL PERKINS LOAN PROGRAM, AND TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION (TEACH) GRANT

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493106005206

Statement of Activities Outside the United States

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public Inspection

	e of the organization / College	Employer ide	Employer identification number			
C UIT	, conege				04-2199867	,
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organ	ization answered
1	For grantmakers. Does the o	rganization m	aıntaın record	s to substantiate the	amount of its grants	
	and other assistance, the gra	ıntees' elıgıbılı	ty for the grar	nts or assistance, and	the selection criteria	
	used to award the grants or a	issistance?				✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gra	nts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional sp	ace 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) i program service, describe specific type of service(s) in region	
(1)	Europe (Including Iceland and Greenland)			Program Services	Study Abroad	125,740
(2)	Europe (Including Iceland and Greenland)			Grantmakıng	Scholarships	94,050
(3)						
(4)						
(5)						
Ь	Sub-total Total from continuation sheets to Part I					219,790
	: Totals (add lines 3a and 3b)					219,790

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Curry Scholarships	Europe (Including Iceland and Greenland)	12	94,050	Part V			
(2)					7		
(3)		+ +			<u>'</u>		
(4)	+	+ +			 	<u> </u>	
(5)	_	+ +				1	
(6)	+	+ +					
(7)		+ +			+		
(8)		+ +			+		
(9)		+ +			+		
(10)		+ +			+		
(11)		+ +			<u> </u>		
(12)		+ +			†		
(13)					<u> </u>		
(14)		+ +			<u> </u>		
(15)		+ +			<u> </u>		
(16)		+ +			†		
(17)		+ +			†		
(18)	+	+ +			†		
						Sched	

Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
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; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
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)	Г	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)	Γ	Yes	V	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; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

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
	The student does not have any discretion on how funds are used, all funds are used to defr ay the costs of participating in the program, therefore, the college is not required to further monitor the use of the funds

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F Part III Column (E)	SCHOLARSHIP FUNDS ARE APPLIED DIRECTLY AGAINST STUDENTS' ACCOUNT BALANCES AND PAID DIRECTL
	Y TO PARTICIPATING STUDY ABROAD PROGRAMS NO CASH IS PROVIDED DIRECTLY TO THE STUDENTS

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DLN: 93493106005206

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

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

Open to Public Inspection

Name of the organization	Employe	Employer identification number							
Curry College				04-2199	9867				
Part I Fundraising Activities. Confilers are not required to con		ganızatıo	n answered "Yes" to	Form 990, Par	t IV, line 17. Form 990-EZ				
1 Indicate whether the organization rais	ed funds through a	ny of the 1	ollowing activities Che	ck all that apply					
a Mail solicitations									
b Internet and email solicitations		f	☐ Solicitation of gov	ernment grants					
c Phone solicitations		g	Special fundraisin	g events					
d In-person solicitations	In-person solicitations								
2a Did the organization have a written or or key employees listed in Form 990,									
b If "Yes," list the ten highest paid individual to be compensated at least \$5,000 by		fundraise	rs) pursuant to agreem	ents under which t	he fundraiser is				
(i) Name and address of (ii) Address of Individual or entity (fundraiser)	fundraı cust con contril	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount pair (or retained by fundraiser listed col (i)	y) (or retained by)				
1	Yes	No							
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total		>							
3 List all states in which the organizatio registration or licensing	n ıs regıstered or lı	censed to	solicit contributions o	r has been notified	d it is exempt from				

Sche	dule	e G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 FOOTBALL GOLF	(b) Event #2 HOCKEY GOLF	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
<u>Φ</u>			(event type)	(event type)		
Revenue	1	Gross receipts	21,02	21,437		42,457
Rev	2	Less Contributions	7,380	4,819		12,199
	3	Gross income (line 1 minus line 2)	13,64	16,618		30,258
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	9,860	6,103		15,963
	7	Food and beverages .	16:	2 120		282
Direct	8	Entertainment				
ឨ	9	Other direct expenses .	1,23	314		1,552
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(17,797)
	11	Net income summary Subtract li	ine 10 from line 3, columi	n (d)	•	12,461
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue				
ee S	2	Cash prizes				
sesuedy	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	│	┌ Yes %		_
	7	Direct expense summary Add line	es 2 through 5 in column ((d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
c	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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| Schedule I (Form 990) | Grants and Other Assista

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

2014

DLN: 93493106005206

				1990, Part IV, line 21 or		4	LUIT
Department of the Treasury Internal Revenue Service Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .							pen to Public Inspection
Name of the organization						Employer identification	n number
Curry College						04-2199867	
Part I General Informat	ion on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to Describe in Part IV the organ 	award the grants or as	ssistance?					▽ Yes ┌ N
				Governments. Com rt II can be duplicate			s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	>	 8
3	Enter total number of other organizations listed in the line 1 table		1

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Curry College Institutional Scholarship	1950	28,077,234			
(2) Stipends	161	628,700			
(3) Tuition Discounts	15	93,069			

Part IV Supplemental	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation					
Schedule I, Part I, Line 2	THE COLLEGE ISSUES SCHOLARSHIPS TO STUDENTS WHO ARE REQUIRED TO MATRICULATE AT THE COLLEGE THE STUDENT DOES NOT HAVE ANY DISCRETION ON HOW FUNDS ARE USED, ALL FUNDS ARE USED TO DEFRAY THE COSTS OF PARTICIPATING IN THIS PROGRAM, THEREFORE, THE COLLEGE IS NOT REQUIRED TO FURTHER MONITOR THE USE OF THE FUNDS THE COLLEGE MAINTAINS A COMPUTERIZED SYSTEM WITH INTEGRATED CONTROLS TO ENSURE THAT SCHOLARSHIPS AWARDS ARE MADE IN ACCORDANCE WITH ESTABLISHED CRITERIA AS APPROVED BY SENIOR MANAGEMENT AND FEDERAL AND STATE AUTHORITIES, AS APPROPRIATE A SERIES OF REPORTS HAVE BEEN DEVELOPED AND ARE USED BY MANAGEMENT TO IDENTIFY AND ADDRESS ANY EXCEPTIONS ANNUALLY, THE COLLEGE'S FINANCIAL AID AWARDING PROCESS IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES ARE REVIEWED AND APPROVED BY THE COLLEGE'S PRESIDENT AND CHIEF FINANCIAL OFFICER IN EACH CASE, THE COLLEGE IS AWARE OF THE CHARITABLE USE OF THE FUNDS, WHICH IS TYPICALLY FOR THE GENERAL PURSUIT OF THE RECEIVING ORGANIZATION'S EXEMPT PURPOSES AND NOT EARMARKED FOR A SPECIFIC USE THE COLLEGE BELIEVES IN EACH INSTANCE THAT THESE FORMS OF ASSISTANCE ARE IN THE COLLEGE'S BEST INTEREST IN PROMOTING ITS IMAGE AND THE PURSUIT OF ITS EXEMPT PURPOSE					

Additional Data

Software ID:

Software Version:

EIN: 04-2199867

Name: Curry College

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Town of Milton525 Canton Ave Milton, MA 02186	04-6001228	gov't	80,232				Milton Pilot
New England Council Inc98 N Washington St Boston, MA 02114	04-1661090	501(c)(6)	6,000				Sponsorship
Rodman Ride for Kids10 Lincoln Road Foxboro,MA 02035	04-3329283	501(c)(3)	15,000				Sponsorship

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONNESS HOSPITAL 199 Reedsdale Road MILTON,MA 02186	04-2103881	501(C)(3)	7,500				SPO NSO RSHIP
B'NAI B'RITH NEW ENGLAND REALTY34 WASHINGTON STREET BRIGHTON,MA 02135	56-2423180	501(C)(3)	10,000				SPO NSO RSHIP
CAPE COD BASEBALL LEAGUEPO BOX 266 HARWICHPORT,MA 02646	04-2687718	501(C)(3)	15,000				SPONSORSHIP

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILTON FOUNDATIN FOR EDUCATIONPO BOX 223 MILTON,MA 02186	04-3307338	501(C)(3)	10,000				SPONSORSHIP
MILTON HIGH SCHOOL BOOSTERS25 GILE ROAD MILTON,MA 02186	46-5437759	501(C)(3)	7,500				SPO NSO RSHIP
MILTON LIBRARY FOUNDATIONPO BOX 314 MILTON,MA 02186	04-3614024	501(C)(3)	10,000				SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Curry College

Employer identification number

04-2199867

Pa	rtII Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do			1b		No
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		
	anectors, trastees, onicers, including the CLO/Executive Director, regarding the items thecked in line 147					
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat appl				
	∇ Compensation committee	Γ	Written employment contract			
		굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
Ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	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 o	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 KENNETH K QUIGLEY JR, PRESIDENT	(i) (ii)	408,003	75,000 0	14,231 0	17,958 0	43,640	558,832	0
2 RICHARD F SULLIVAN, chief financial officer	(i) (ii)	284,563 0	0	34,361 0	17,723 0	26,999 0	363,646	0 0
3 Christopher M Lawson, VP Institutional Advancement	(i) (ii)	191,456 0	35,000	21,300	13,909	24,864	286,529	0
4 SUSAN W PENNINI, dean of institutional planning	(i) (ii)	176,110 0	35,000 0	774 0	12,359 0	18,067 0	242,310	0
5 Maryellen M Kıley, Dean of Student Affairs	(i) (ii)	143,621 0	30,000	15,925 0	10,561 0	24,864	224,971	0
6 JANE FIDLER, DEAN OF ADMISSIONS	(i) (ii)	139,514 0	35,000	16,712 0	9,831	9,947	211,004	0
7 DENNIS THIBEAULT, CHIEF INFORMATION OFFICER	(i) (ii)	171,487 0	1,500	1,188	10,272	10,301	194,748	0

Schedule J (Form 990) 2014

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 ad	ditional information
Return Reference	Explanation
Schedule J, Part I, Line 1a	RESIDENCE FOR PERSONAL USE AND PERSONAL SERVICES THE COLLEGE PROVIDES A RESIDENCE FOR PERSONAL USE, AS WELL AS MAINTAINS THIS RESIDENCE FOR THE PRESIDENT THE PRESIDENT IS REQUIRED TO LIVE IN THIS RESIDENCE AS A CONDITION OF EMPLOYMENT THIS RESIDENCE IS LOCATED ON THE COLLEGE'S CAMPUS AND THIS RESIDENCE IS FURNISHED FOR CURRY'S CONVENIENCE THE NON-BUSINESS RELATED PORTION OF THE HOUSING BENEFIT WAS TREATED AS NON-TAXABLE COMPENSATION THE NON-BUSINESS RELATED PORTION OF THE PERSONAL SERVICES AT THE PRESIDENT'S RESIDENCE WAS TREATED AS TAXABLE INCOME TO THE PRESIDENT AND REPORTED ON PART II COLUMN (B)(III) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE COLLEGE PROVIDES TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE COLLEGE PROVIDES TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE VP OF INSTITUTIONAL ADVANCEMENT, DEAN OF STUDENTS, AND THE DEAN OF ADMISSIONS THIS BENEFIT IS ALSO PROVIDED TO ADMISSIONS COUNSELORS THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION FOR THESE LISTED INDIVIDUALS AND IS REPORTED ON PART II COLIMN (B)(III) SOCIAL CLUB DUES THE COLLEGE PROVIDES ITS VP FOR INSTITUTIONAL ADVANCEMENT WITH MEMBERSHIP TO A SOCIAL CLUB WHICH IS USED SOLELY FOR BUSINESS PURPOSES FOR FUNDRAISING ACTIVITY THIS BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION FOR THIS INDIVIDUAL PART I, LINE 1B THE COLLEGE REIMBURSES ALL EMPLOYEES, INCLUDING ITS OFFICERS, KEY EMPLOYEES, AND SENIOR LEVEL STAFF FOR EXPENSES INCURRED WHILE CONDUCTING BUSINESS OF THE COLLEGE REIMBURSEMENTS FOR OFFICERS, KEY EMPLOYEES, AND SENIOR LEVEL STAFF ARE REVIEWED BY THE CFO AND/OR PRESIDENT, AS APPROPRIATE PART I, LINE 4 THE EMPLOYEE IS TERMINATED FOR REASONS OTHER THAN CAUSE NO TERMINATION OF EMPLOYMENT PAYMENTS HAVE BEEN MADE UNDER THE TERMS OF THIS AGREEMENT PART I, LINE 7 ON AN ANNUAL BASIS THE BOARD OF TRUSTEES, THROUGH ITS FINANCE AND PHYSICAL FACILITIES COMMITTEE, APPROVES DISCRETIONARY BONUSES PRIOR TO PAYMENT, INCLUDING THOSE REFLECTED IN FORM 990 SCHEDULE J, PART II PURSUANT TO THE COLLEGE'S BOARD APPROVED COMPENSATION POLICY FOR THE LISTED INDI
	THOSE IN SIMILAR ROLES AT OTHER organizations THE BOARD'S REVIEW OF THIS COMPARABLE DATA AND ITS APPROVAL OF THE

DISCRETIONARY BONUSES IS DOCUMENTED CONTEMPORANEOUSLY IN ITS MINUTES

DLN: 93493106005206

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

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

Supplemental Information on Tax Exempt Bonds

Inspection

Nam	e of the organization								Emr	ployer id	entifica	ation nun				
Cur	ry College								04	-21998	,67			,		
Р	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pr	rice	(f) Descript	(f) Description of purpose		(g) Defeased					(i) Pool financing	
			í	<u> </u>	1		1		Yes	No	Yes	No	Yes	No		
A	MASSACHUSETTS DEVELOPMENT FINANCE agency	04-3431814	57583RGB5	08-16-2006	35,514	· .	SEE DESCRIP [®] VI	PTION IN PART		Х		Х		х		
В	MASSACHUSETTS DEVELOPMENT FINANCE agency	04-3431814	00000000	12-20-2013	42,000		SEE DESCRIP	PTION IN PART		Х		X		X		
c _	MASSACHUSETTS DEVELOPMENT FINANCE agency	04-3431814	99999999	01-30-2015	15,350		SEE DESCRIP'	PTION IN PART	+	Х		×		X		
P	rt III Proceeds															
١.	الم مراجعة على المحاجد على المحاجد ع			J	Α .			В		С			D			
1	A mount of bonds retired A mount of bonds legally defeas				4	4,390,0	100	3,115,000		56	1,080			!		
2		<u></u>					0	0			0					
3	Total proceeds of issue Gross proceeds in reserve fund	-dc			 	8,607,6		42,078,756		15,35	50,000	<u> </u>				
4	Capitalized interest from proces				+	2,436,0		14.356								
5 6	Proceeds in refunding escrows					782,4	41	14,356								
7	Issuance costs from proceeds					444,4	<u> </u>	323,785		1.4	7,160					
8	Credit enhancement from proce				 	622,2		323,785			7,100	0				
9	- <u>-</u>					0				$\frac{0}{0}$	0					
10			3.7	3,749,4	,442 16,496,230				0							
11			572,9				15,202,84									
12	O ther unspent proceeds				0		0	1,614,661		0						
13	Year of substantial completion	1			2009		7	2015								
					Yes	No	Yes	No	Yes	N	10	Yes	نے ا	No		
14	Were the bonds issued as part	of a current refundin	g issue?			Х	Х	T	Х	T						
15	Were the bonds issued as part	of an advance refunc	ding issue?		1	Х		х		7 ,	х					
16	Has the final allocation of proce	eeds been made?			Х		Х		Х			·				
17	Does the organization maintain allocation of proceeds?	n adequate books and	i records to suppo	rt the final	х		Х		Х							

Part IIII Private Business Use

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

Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Χ Х of bond-financed property? 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 Χ Χ Х property? Are there any research agreements that may result in private business use of bond-С Χ Χ Χ financed property? 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? Enter the percentage of financed property used in a private business use by entities 4 0 570 % 0 % 6 420 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 570 % 6 6 420 % Does the bond issue meet the private security or payment test? 7 Χ Χ Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c Х Χ Х 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В С Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Exception to rebate? b Χ Χ Χ No rebate due? Χ c Х Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Х Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was the hedge terminated?

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	Α		В		С		<u> D</u>	
	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		Х			

Part VI Supplemental Info	ormation. Provide additional information for responses to questions on Schedule K (see instructions).
Return Reference	Explanation

Schedule K, Part I, Line A, Column F

BONDS WERE ISSUED TO DEMOLISH AN EXISTING STUDENT CENTER AND CONSTRUCT A NEW STUDENT CENTER, CONSTRUCTION OF A NEW ACADEMIC BUILDING, AND EXPANSION AND RENOVATION OF AN EXISTING ADMINISTRATIVE OFFICE BUILDING

Return Reference	Explanation
SCHEDULE K, PAKI I, LINE B,	BONDS WERE ISSUED TO REFUND THE COLLEGE'S OUTSTANDING 1999, 2000 AND 2003 SERIES DEBT IN ADDITION A PORTION OF BOND PROCEEDS WERE USED TO CONSTRUCT A RESIDENCE HALL, RENOVATE AN EXISTING PROPERTY, AND OTHER CAPITAL IMPROVEMENTS

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN F	bonds were isseud to refund the college's outstanding 2005 series debt

Return Reference		Explanation
SCHEDULE K, PART II, LINE 3, COLUMNS A, B, C	TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT FOR EACH OF THE RESPECTIVE ISSUES	EARNINGS GENERATED ON FUNDS HELD IN RESERVE FUNDS

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4, COLUMNS A, B, C	THE COLLEGE HAS ESTABLISHED PROCEDURES TO MONITOR PRIVATE BUSINESS USE ARRANGEMENTS PERTAINING TO ALL FACILITIES IT HAS FINANCED OR REFINANCED WITH TAX-EXEMPT BONDS, AND THE COLLEGE MONITORS ALL SUCH USES ON AN ANNUAL OR MORE FREQUENT BASIS THE MONITORING IS INTENDED TO ENSURE THAT OVER THE TERM TO MATURITY OF EACH SUCH BOND ISSUE, THE COLLEGE WILL NOT EXCEED THE AGGREGATE PRIVATE BUSINESS USE LIMITATION APPLICABLE TO ANY ISSUE

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMNS A, B, C	THE COLLEGE PERFORMS REBATE COMPUTATIONS ANNUALLY ON ALL OF ITS TAX-EXEMPT BONDS THE MOST RECENT COMPUTATIONS WERE PERFORMED AS OF 12/20/15

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REVENUE SERVICE

As Filed Data -

DLN: 93493106005206

Employer identification number

04-2199867

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Curry College

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Return Reference	Explanation
Form 990, Part III, LINE 4D	ACADEMIC SUPPORT - CURRY COLLEGE ACADEMICALLY SUPPORTS STUDENTS WITH OUR ACADEMIC ENRICHMENT CENTER AND CAMPUS LIBRARY IN ADDITION, THE CAMPUS IS CONNECTED BY A NETWORK THAT LINKS ALL ACADEMIC FACILITIES AND RESIDENCE HALLS ENABLING STUDENTS DIRECT ACCESS TO E-MAIL, LIBRARY SOURCES AND THE INTERNET FORM 990, Part VI, Line 11b THE FORM 990 WAS PREPARED BY THE COLLEGE'S INDEPENDENT TAX FIRM with information provided by management AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CONTROLLER A COMPLETE COPY OF THE 990

WAS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO THE FORM 990 BEING SUBMITTED TO THE INTERNAL

Return Reference	Explanation
Form 990, Part VI, Line 12c	THE COLLEGE HAS TWO CONFLICT OF INTEREST POLICIES, ONE THAT COVERS ALL BOARD MEMBERS AND A SECOND THAT COVERS ALL EMPLOYEES BOTH POLICIES ARE UNDER THE OVERSIGHT OF THE BOARD OF TRUSTEES THE COLLEGE DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO BE COMPLETED BY OFFICERS AND THE BOARD OF TRUSTEES THE CFO AND/OR PRESIDENT REVIEW POTENTIAL CONFLICTS OF INTEREST BY EMPLOYEES AND ALL NON-INTERESTED TRUSTEES REVIEW POTENTIAL CONFLICTS OF INTEREST BY TRUSTEES THE PERSON WITH THE POTENTIAL CONFLICT WOULD PROVIDE INFORMATION TO THE BOARD OR CFO/PRESIDENT AS APPLICABLE IN THE CASE OF TRUSTEES WITH A POTENTIAL CONFLICT OF INTEREST, THEY WOULD LEAVE THE BOARD MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT WHICH RESULTED IN THE CONFLICT

Return Reference	Explanation
· ·	THE COLLEGE HAS A COMPENSATION POLICY WHICH COVERS THE CEO (PRESIDENT), CFO, AND ALL OTHER SENIOR MANAGEMENT FOR THE CEO AND CFO POSITIONS, AN INDEPENDENT CONSULTANT IS ENGAGED TO PREPARE A REPORT THAT COMPARES THE COMPENSATION OF THESE POSITIONS TO PEER INSTITUTIONS, OTHER NOT FOR PROFIT ORGANIZATIONS AS WELL AS TO THE GENERAL INDUSTRY FOR ALL OTHER SENIOR MANAGEMENT POSITIONS, THE DIRECTOR OF HUMAN RESOURCES UTILIZES SURVEY INFORMATION TO PROVIDE COMPARABILITY DATA THE PROCESSES ARE UNDERTAKEN ON a regular BASIS, MOST RECENTLY AUGUST 2014 THE COMPENSATION FOR THESE INDIVIDUALS IS APPROVED BY THE FINANCE AND PHYSICIAL FACILITIES COMMITTEE OF THE BOARD OF TRUSTEES, AND THERE IS CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISIONS REGARDING COMPENSATION

Return Reference	Explanation
Form 990, Part VI, Line 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST

Return Reference	Explanation
FORM 990, Part XI, Line 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES LOSS ON EXTINGUISHMENT OF DEBT = \$807,612