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DLN: 93493109005096

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	014 ca	lendar year, or tax year beginr	ing 06-01-2014 , and ending	05-31-2015				
	eck if ap		C Name of organization Hobart and William Smith College	25			D Emplo	yer idei	ntification number
	ress cha	_	% Carolee E White				16-07	743040	ס
	me chan		Doing business as						
•	ial returr	า	Number and street (or P.O. boy	f mail is not delivered to street addre	see) Doom/suite		E Teleph	one num	ber
Fin-	al urn/term	ınated	300 Pulteney Street	i illali is flot delivered to street addit	ess) Room, suite		(315)	781-3	337
┌ Am	ended re	eturn		ountry, and ZIP or foreign postal cod	_ e				
┌ App	olication	pending	Geneva, NY 14456				G Gross r	eceipts \$	236,206,368
			F Name and address of p	orincipal officer		H(a) Is t	his a group	return	
			Mark D Gearan 337 Pulteney Street			sub	ordinates?		┌ Yes 🗸 No
			Geneva, NY 14456			H(b) Are	all subord	ınates	┌ Yes ┌ No
	v-evemr	nt status	501(c)(3) 501(c) ()	/(nsort no.)	- 527		uded? No." attach	a list	(see instructions)
				(Insert no) 4947(a)(1) or	527		·		
			w hws edu			H(c) Gro	oup exempt	ion nur	mber 🟲
	_		Corporation Trust Associa	ation Other ►		L Year of	formation 19	943 M	State of legal domicile NY
Pa	rt I		nmary						
			lescribe the organization's mis T AND WILLIAM SMITH COL			A STUDE	ENT-CENT	ERED F	RESIDENTIAL
e e	ᆫ	EARNI	NG ENVIRONMENT GROUND	DED IN THE VALUES OF EQU	ITY AND SE	RVICE			
Ě	-								
Activities & Governance									
МО. Э	2 C	heck t	his box 🛏 if the organization	discontinued its operations of	disposed of	more than	25% of its	net as	sets
3 5	3 N	umber	of voting members of the gove	erning body (Part VI, line 1a)				з	39
ties	l		of independent voting membe					4	38
₩.	5 T	otal nu	ımber of ındıvıduals employed	ın calendar year 2014 (Part V	, line 2a) .			5	2,379
ă	l		imber of volunteers (estimate					6	5,024
			related business revenue from					7a	565,240
	b N	et unre	elated business taxable incom	e from Form 990-1, line 34 .		_		7b	Current Vear
	8	Contr	ibutions and grants (Part VIII	line 1 h)		Pr	19,717,	295	12,969,820
를	9		am service revenue (Part VIII				130,426,		135,790,926
Rayenue	10	Inves	tment income (Part VIII, colu		11,005,704 13,0				
ď	11		revenue (Part VIII, column (A		-		638,	046	544,560
	12		revenue—add lines 8 through		. ,,		161,787,	393	162,329,871
	13		s and similar amounts paid (Pa				43,774,		45,777,308
	14	Benef	its paid to or for members (Pai	t IX, column (A), line 4) .				0	0
.	15		es, other compensation, emplo	oyee benefits (Part IX, column	(A), lines		55,331,	896	57,094,171
Ехрепзея	16a	5-10 Profes	<i>)</i> ssional fundraising fees (Part I	X. column (A.), line 11e)				0	0
क ≘	ь		undraising expenses (Part IX, column						
Δ	17		expenses (Part IX, column (A				47,816,	225	52,611,373
	18		expenses Add lines 13-17 (r				146,922,		155,482,852
	19		nue less expenses Subtract lu				14,864,		6,847,019
\$ 8 6 8						Beginni	ng of Curre	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)				Year 403,339,	294	398,684,463
A B	21		liabilities (Part X, line 26) .				98,745,		98,012,385
25	22		ssets or fund balances Subtra				304,594,		300,672,078
Pai	t II	Sigr	nature Block			•			
my kı	nowledg	ge and	perjury, I declare that I have belief, it is true, correct, and c nowledge						
	I	****	***			Ι	2016-04-15		
Sign	,	Sign	ature of officer				Date		
Here			blee E White VP FOR FINANCE						
		<u>r </u>	e or print name and title Print/Type preparer's name	Preparer's signature	I not	<u> </u>	–	PTIN	
Paid	1		Print/Type preparer's name Todd P Teresco	Todd P Teresco	Dat	-	heck If elf-employed	P11N P00247	7720
	ı pareı	, [Firm's name 🕨 KPMG LLP			Fı	mn's EIN 🕨		
	Only		Fırm's address ► 515 BROADWAY			PI	none no (518	3) 427-46	500
	~ · · · ·)	'	ALBANY, NY 12207	2930					

✓ Yes No

Part	3 1111	Statement of Program Check if Schedule O contains			III	
1	Brief	ly describe the organization's r	nission			
		ND WILLIAM SMITH COLLEG MENT GROUNDED IN THE VA			STUDENT-CENTERED RESIDE	ENTIAL LEARNING
2		he organization undertake any rior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If"Y€	es," describe these new service	es on Schedule O			
3	servi	he organization cease conducti ces?		nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Y €	es," describe these changes or	Schedule O			
4	exper) 1 (c)(4) organization:	s are required to repor	ree largest program services, at the amount of grants and allow	
4a	(Cod	e) (Expenses	\$ 131,399,790	including grants of \$	45,777,308) (Revenue \$	133,681,979)
	COLL APPR 45 M. DEGR HOBA SERV	EGES ARE LOCATED AT THE SHORE O COXIMATELY 2,350, AND EMPLOY 225 AJORS AND 70 MINORS ARE OFFEREI REE A RICH INTERDISCIPLINARY PRO ART AND WILLIAM SMITH ARE ALSO NO /ICE-LEARNING NEARLY 60-PERCENT	F SENECA LAKE ON A 195- FULL-TIME FACULTY LINES D, WHERE A STUDENT CAN GRAM AND LIMITLESS OPP DTED FOR AN AMBITIOUS I OF HOBART AND WILLIAM	ACRE CAMPUS HOBART AS THIS ALLOWS THE COLLE I OBTAIN A BACHELOR OF A PORTUNITIES FOR SELF-DIS EMPHASIS ON INTERNATION SMITH STUDENTS STUDY	IN GENEVA, NY THE HEART OF THE ND WILLIAM SMITH HAVE A COMBINED GES TO MAINTAIN A STUDENT-FACULT ARTS, BACHELOR OF SCIENCE, OR A MECOVERY ARE HALLMARKS OF ACADEM NAL STUDY AND FOR PROGRAMS IN COMBROAD IN MORE THAN 50 LOCATION: CATION AS INTEGRAL COMPONENTS OF ACTION AS INTEGRAL COMPONENTS OF A	ENROLLMENT OF Y RATIO OF 11 1 MORE THAN ASTER OF ARTS IN TEACHING ICS AT THE COLLEGES OMMUNITY ENGAGEMENT AND S AROUND THE WORLD THE
4b	(Cod	e) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe	ın Schedule O)			
		penses \$	including grants o	f\$) (Revenue \$)
4e	Tota	al program service expenses 🕨	131,399,790	ı		

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	110
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^{\bullet}	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🤩	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		
<i>J</i> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛭 🖼	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

· CII	τν	Statements Regarding Other IRS Filings and Tax Compliant	æ				
		Check if Schedule O contains a response or note to any line in this Part V		<u> </u>			<u> </u>
1 2	Entor	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1-	1 406		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1a 1b	406	1		
		· ·		<u> </u>	1		
С		e organization comply with backup withholding rules for reportable payments t ig (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and	Ι.				
	Tax S	tatements, filed for the calendar year ending with or within the year covered]	2,379			
L.	•	s return	2a	<u> </u>	4		
D		east one is reported on line 2a, did the organization file all required federal em If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil			2b	Yes	
_					_	l	
		e organization have unrelated business gross income of \$1,000 or more during	_		3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i>			3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a s a financial account in a foreign country (such as a bank account, securities ac					
		int)?			4a	Yes	
b	If"Ye	s," enter the name of the foreign country ▶BD , CJ , HK , MP , UK , EI					
_	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	Financial Accounts			
	(FBAF	R)					
		he organization a party to a prohibited tax shelter transaction at any time duri	_	•	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sl	helter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
_	_				5c		
6а		the organization have annual gross receipts that are normally greater than \$1 ization solicit any contributions that were not tax deductible as charitable con			6a		No
b	_	s," did the organization include with every solicitation an express statement t					
_		not tax deductible?		· · · · · ·	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributes provided to the payor?			7a	Yes	
b	If"Ye	s," dıd the organization notify the donor of the value of the goods or services p	provid	ed?	7b	Yes	
C		e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?		r which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
_	Did +h	o organization receive any funds, directly or indirectly, to have promiting on a	narcai	nal hanafit	i		
е		ie organization receive any funds, directly or indirectly, to pay premiums on a act?		i i i i i i i i i i i i i i i i i i i	7e		No
f	Dıd th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	penefit contract?	7f		Νo
g	Ifthe	organization received a contribution of qualified intellectual property, did the	organı	zatıon file Form 8899 as			
	requir	ed?			7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, dıd	the organization file a	7h		
8		1098-C?	•		'"		
	-	donor advised fund maintaining donor advised runds. donor advised fund maintained by the sponsoring organization have excess bu	ısınes	s holdings at any time			
		the year?			8	<u></u>	
9a	Dıd th	e sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Dıd th	e sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	person?	9b		
0	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club ies	10b				
1	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı I	eu of Form 1041?	12a		
Ь	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
3	•	on 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	1		
		organization licensed to issue qualified health plans in more than one state?			1.		
-		See the instructions for additional information the organization must report on	Sche	dule O	13a		
b		the amount of reserves the organization is required to maintain by the states	421				
		ch the organization is licensed to issue qualified health plans	13b		1		
		the amount of reserves on hand	13c				
4 a	Did th	e organization receive any payments for indoor tanning services during the ta	x yeaı	r?	14a		Νo
h	Tf"Va	s " has it filed a Form 720 to report these payments? If "No" provide an explain	ation	ın Schedule O	14b	l	i

Section A. Governing Body and Management

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

Check if Schedule O	contains a response	or note to an	v line in this Part VI	_	_	_	_	_	_	_	_	_	_	_	_	Ī
Check ii Schedule O	contains a response	or note to an	y nine in this i are vi	•		•		•	•	•	•	•	•	•	•	-,

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY
- 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 Vipon request Other (explain in Schedule O)
- 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
 - ►Carolee E White
 - 337 Pulteney Street
 - Geneva, NY 14456 (315) 781-3337

Form 990 (2014)	
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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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,816,286	0	353,540

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►69

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Harter Secrest Emery LLP, 1600 Bausch Lomb Place Rochester, NY 14604	Legal Services	1,242,552
Kelley Bros LLC, 75 Remittance Drive Suite 6203 Chicago, IL 60675	Contractor	365,071
Colonial Consulting, 750 Third Avenue 20th Floor New York, NY 10017	Invest Consultants	273,508
Greco Painting, 790 West Washington Street Geneva, NY 14456	Painting Contractor	284,685
Pepper Hamilton LLP, 3000 Two Logan Square 18th and Arc Philadelphia, PA 19103	Legal Services	264,419
2 Total number of independent contractors (including but not limited to those listed at	bove) who received more than	

Form 99		14)						Page 9
Part V	/ † † †	Statement o		aco or noto to any lu	no in this Bart VIII			_
		Check IT Schedi	ule O contains a respoi	ise or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
ants	ь	Membership du	ıes 1b					
6r.	С	Fundraising eve	ents 1c					
ffs, FA	d		zations 1d					
13. 13.	e	Government grants		1,834,889				
Contributions, Giffs, Grants and Other Similar Amounts	All other contributions, gifts, grants, similar amounts not included above		ons, gifts, grants, and 1f	11,134,931				
ıtribu I Oth	g	Noncash contribution	ons included in lines	1,790,934			i	
Col	h	Total. Add lines	s 1 a - 1 f	· · · •	12,969,820			
<u> </u>				Business Code				
nue	2a	Tuition and Fees		611600	111,479,563	111,479,563		
₽e.	b	Residence Halls		721310	12,296,204	12,296,204		
Program Serwce Revenue	С	Dining Services		722320	9,159,584	9,159,584		
Ž.	d	Bookstore	_	451211	2,108,947			2,108,947
Ē	е	Other Program Ser	rvice Revenue		746,628	746,628		
2D0	f	All other progra	am service revenue					
查	g	Total. Add lines	s 2a-2f		135,790,926			
	3		ome (including dividen ar amounts)		3,559,926			3,559,926
	4		stment of tax-exempt bond		0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	6,240					
	b	Less rental expenses	26,920					
	С	Rental income or (loss)	-20,680	0				
	d	Net rental inco	me or (loss)	-	-20,680			-20,680
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	83,314,216					
	b	Less cost or other basis and	73,849,577					
	c	sales expenses Gain or (loss)	9,464,639					
	d	` '	ss)		9,464,639			9,464,639
	8a	Gross income f	from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18						
<u>-</u>	ь	Lace direction	penses b					
ŧ	C		(loss) from fundraising	Levents ⊾	0			
•	9a	Gross income f	from gaming activities ne 19					
	ь	Less direct ex	penses b					
			(loss) from gamıng actı 	vities	0			
	10a	Gross sales of returns and allo						
	b c	=	oods sold b (loss) from sales of inv	entory 🌬	0			
	Ť	Miscellaneous		Business Code				
	11a	Summer Camps	s	900099	513,125		513,125	
	ь	Sport and Rec		713940	52,115		52,115	
		Memberships						
	d	All other reven	ue					
	e	Total. Add lines		▶				
	12		See Instructions .		565,240			
		iocai ievenue.	See Instructions .	• • • • •	162,329,871	133,681,979	565,240	15,112,832

orm 9	90 (2014)				Page 10
Part	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns $$ All	other organizat	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	t include amounts reported on lines 6b, , 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	43,728,273	43,728,273		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,049,035	2,049,035		
4	Benefits paid to or for members	0	_,:::,:=:		
5	Compensation of current officers, directors, trustees, and				
6	key employees	2,230,368	459,174	1,214,627	556,567
•	(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	54,426	27,213		27,213
7	Other salaries and wages	41,574,267	34,067,904	5,745,016	1,761,347
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,443,029	2,814,566	478,199	150,264
9	Other employee benefits	6,578,128	5,246,825	1,008,114	323,189
0	Payroll taxes	3,213,953	2,580,811	479,544	153,598
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,236,271	30,674	1,205,597	
c	Accounting	212,250		212,250	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,184,520		1,184,520	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,207,180	1,129,015	1,939,700	138,465
2	Advertising and promotion	115,787	74,023	40,974	790
3	Office expenses	5,987,258	3,941,324	1,785,061	260,873
1	Information technology	1,265,107	583,221	658,744	23,142
5	Royalties	0			
5	Occupancy	11,157,046	10,772,589	195,102	189,35
7	Travel	2,268,622	1,912,180	226,193	130,249
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
•	Conferences, conventions, and meetings	318,101	217,169	97,288	3,64
)	Interest	1,897,089	1,806,029	91,060	
L	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	8,010,181	7,625,467	381,799	2,91
3	Insurance	512,809	14,010	498,323	476
1	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	Miscellaneous	2,936,395	17,531	2,811,736	107,128
b	Service Contracts	12,302,757	12,302,757		
c					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	155,482,852	131,399,790	20,253,847	3,829,215
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1 Cash-non-interest-bearing Beginning fyear End year	rei	τχ	Check if Schedule O contains a response or note to any line i	n this Part X							
2 Savings and temporary cash investments 27,186,776 2 25186,610 3 Pledges and grants receivable, net 7,137,000 3 4,734,373 4 Accounts receivable, net 7,137,000 3 4,734,373 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 0 5 0 5 Loans and other receivables from their disqualified persons (as defined under section 4958 (r)(1), persons described in section 4958 (r)(2) (8), and contributing employers and sponsoring organizations for setting to 10 10 10 10 10 10 10 10							` '				
1 Produce and grants receivable, net 1,436,388 1,788,930 4 1,436,388 1,788,930 4 1,436,888 1,788,930 4 1,436,888		1	Cash-non-interest-bearing		0	1	0				
4 Accounts receivable, net 1,785,000 4 1,408,889		2	Savings and temporary cash investments		27,186,716	2	25,188,618				
Solution Complete Part VI of Schedule Complete Part II of Schedule Complete Part VI		3	Pledges and grants receivable, net		7,137,609	3	4,754,313				
## Part		4	Accounts receivable, net		1,788,903	4	1,436,889				
1		5	employees, and highest compensated employees Complete	Part II of		5	0				
9 Prepaid expenses and deferred charges	īts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary	tion vers ary							
9 Prepaid expenses and deferred charges	8	,	Notes and leans resourable not								
9	AS										
10a							<u> </u>				
b Less accumilated depreciation 10b 119,188,867 134,547,644 10c 145,111,387 11 11 102,030,183 12 11 11 11 11 11 11 1		-	Land, buildings, and equipment cost or other basis		, ,	9	1,024,240				
11 Investments—publicity traded securities 97.848,114 11 102,030.182 12 Investments—other securities See Part IV, line 11 114,107.595 12 108,449.044 13 Investments—other securities See Part IV, line 11 114,107.595 12 108,449.044 13 Investments—other securities See Part IV, line 11 13 0 14 0 0 14 0 0 14 0 0 14 0 0 15 0 0 14 0 0 15 0 0 0 14 0 0 15 0 0 0 14 0 0 0 15 0 0 0 0 0 0 0 0 0		h	·	100	<u> </u>	100	145 111 387				
12 Investments—other securities See Part IV, line 11 114,107,585 12 108,449,044 13 Investments—program-related See Part IV, line 11 0 13 0 0 14 10 0 0 14 10 0 14 10 0 15 0 0 0 0 0 0 0 0 0			·								
13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 14 0 0 15 0 0 0 14 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0											
14						, ,					
15											
Total assets. Add lines 1 through 15 (must equal line 34) 403,339,294 16 398,684,463											
17					, ,		· · ·				
18 Grants payable 2,440,189 18 882,755 19 Deferred revenue 2,615,134 19 2,336,923 20 Tax-exempt bond liabilities 70,716,7772 20 67,837,136 21 Escrow or custodial account liability Complete Part IV of Schedule 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 2,104,500 23 1,917,000 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24 Complete Part X of Schedule 0 0,939,606 25 12,075,722 26 Total liabilities. Add lines 17 through 25 98,745,196 26 98,012,385 27 Unrestricted net assets 111,999,571 27 112,418,888 28 Temporarily restricted net assets 111,999,571 27 112,418,888 29 Permanently restricted net assets 114,988,501 29 126,294,737 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 30,0672,078 34 Total net assets or fund balances 30,0672,078 35 Total net assets or fund balances 30,0672,078 36 Total net assets or fund balances 30,0672,078 37 Total net assets or fund balances 30,0672,078 38 Total net assets or fund balances 30,0672,078 39 Total net assets or fund balances 30,0672,078 30 Total net assets or fund balances 30,0672,078 30 Total net assets or fund balances 30,0672,078 31 Total net assets or fund balances 30,0672,078 32 Total net assets or fund balances 30,0672,078 30 Total net assets or fund bala		-					<u> </u>				
19 Deferred revenue 2,615,134 19 2,336,923											
20							<u> </u>				
21 Escrow or custodial account liability Complete Part IV of Schedule D						<u> </u>					
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L							· · ·				
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·	0	21	0					
Unsecured notes and loans payable to unrelated third parties	- 	22									
Unsecured notes and loans payable to unrelated third parties	豆										
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third part	ies	2,104,500	23	1,917,000				
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		0	24	0				
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete F	10 030 606	25	12 075 722					
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26									
Innex 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		20			30,743,130	20	30,012,303				
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ě			v una complete							
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ğ	27	Unrestricted net assets	111,999,571	27	112,418,888					
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> 6</u>	28		67,606,026	28	61,958,453					
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ē	29		124,988,501	29	126,294,737					
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ë		,								
30 Capital stock or trust principal, or current funds	Ξ.			,							
33 Total net assets or fund balances	9	30	Capital stock or trust principal, or current funds			30					
33 Total net assets or fund balances	Set	31	Paid-in or capital surplus, or land, building or equipment fund			31					
33 Total net assets or fund balances	Ą	32	Retained earnings, endowment, accumulated income, or othe	r funds		32					
34 Total liabilities and net assets/fund balances	<u>ক</u>	33	Total net assets or fund balances		304,594,098	33	300,672,078				
	_	34	Total liabilities and net assets/fund balances		403,339,294	34	398,684,463				

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		162,3	329,871	
2	Total expenses (must equal Part IX, column (A), line 25)	2		155,4	182,852	
3	Revenue less expenses Subtract line 2 from line 1	3		6,8	347,019	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		304,5	594,098	
5	Net unrealized gains (losses) on investments	5		-8,6	580,213	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,0	088,826	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		300,6	572,078	
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		Νo	
	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	wed or	ו			
	☐ 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 sepa basis, consolidated basis, or both	rate				
	▼ Separate basis					
C	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1				
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?	9	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes		

Software ID: Software Version:

EIN: 16-0743040

Name: Hobart and William Smith Colleges

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	more the person and a	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11230)	2,1033 11130)	related organizations
(1) MARK GEARAN PRESIDENT	60 0	х		х				516,665	0	125,278
(1) Linda Arrington	2 0	х						0	0	0
Trustee (2) Thomas Bozzuto	2 0	х						0	0	0
Trustee (3) N Harrison Buck	2 0	х						0	0	0
Trustee (4) Calvin Carver Jr	0 0	X						0	0	0
Trustee (5) Dr Stephen Cohen	0 0									
Trustee (6) Edward Cooper	0 0	×						0	0	0
Trustee	0 0	×						0	0	0
(7) Timothy Eden Trustee	2 0	х						0	0	0
(8) Katherine Elliot Trustee	2 0	×						0	0	0
(9) Cynthia Gelsthorpe Fish	2 0	х						0	0	0
Trustee (10) Andrew Gaines	2 0	х						0	0	0
Trustee (11) Alleen Gleason	2 0	х						0	0	0
Trustee (12) William Green	2 0	х						0	0	0
Trustee (13) J Paul Hellstrom Jr	2 0	X						0	0	0
Trustee (14) Katherine Mackinnon	0 0	X						0	0	0
Trustee (15) Megan Massey	0 0									
Trustee (16) Garrett Mathieson	0 0	X						0	0	0
Treasurer (17) Herbert McCooey Jr	0 0	Х		Х				0	0	0
Trustee	0 0	х						0	0	0
(18) Gail McGinn Trustee	2 0	х						0	0	0
(19) Carolyn McGuire Trustee	2 0	х						0	0	0
(20) Andrew McMaster Jr Trustee Vice Chair	5 0	х		х				0	0	0
(21) Allison Morrow	2 0	х						0	0	0
Trustee (22) Dr Deborah Pilla	2 0	х						0	0	0
Trustee (23) Thomas Poole	2 0	X						0	0	0
Trustee (24) James B Robinson	0 0	X						0	0	0
Trustee	0 0	_ ^						"		<u> </u>

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not che more than one box, ur person is both an off and a director/trust		on (do not check an one box, unless n is both an officer director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke, emplo,ee	Highest compensated employee	Former			related organizations
(26) John Ross	2 0	х						0	0	0
Trustee (1) Rt Rev Prince Singh	0 0									
Trustee	0 0	×						0	0	0
(2) Craig Stevens Trustee	2 0	х						0	0	0
(3) Craig Stine	2 0	х						0	0	0
Trustee (4) Dr Richard Wasserman	0 0							Ů	0	
Trustee	0 0	×						0	0	0
(5) Anita Weeks	2 0	×						0	0	0
Trustee (6) Christopher Welles	2 0	х						0	0	0
Trustee (7) William Whitaker Jr	0 0									
Trustee (8) Beth Yingling	0 0	X						0	0	0
Secretary	0 0	х		Х				0	0	0
(9) Susan Yolen Trustee	2 0	×						0	0	0
(10) Maureen Zupan	5 0	х		х				0	0	0
Trustee Chair (11) Abigail Evans	2 0	×						0	0	0
Trustee (Term End 6/14) (12) Dr Robert Gilman	0 0	х						0	0	0
Trustee (Term End 6/14) (13) Joy Glaser	0 0							0	0	<u> </u>
Trustee (Term End 6/14)	0 0	Х						0	0	0
(14) Gregory Mathieu Trustee (Term End 6/14)	0 0	x						0	0	0
(15) William Margiloff Trustee	2 0	×						0	0	0
(16) Caroline Demeter	2 0	х						0	0	0
Trustee (17) Nicholas Stewart	2 0	x						0	0	0
Trustee (18) PETER POLINAK	0 0 50 0							205 110	0	24 527
VICE PRESIDENT FOR FINANCE (19) Louis Guard	0 0			X				205,119	0	21,537
Chief of Staff and Counsel	0 0			Х				54,282	0	10,959
(20) TITILAYO UFOMATA PROVOST/DEAN OF FACULTY	50 0					х		204,614	0	39,536
(21) ROBERT MURPHY VP OF ENROLLMENT MANAGEMENT	50 0					х		262,392	0	40,932
(22) ALFRED DAMIANO	50 0					х		213,926	0	42,829
CHIEF INFORMATION OFFICER (23) ROBERT O'CONNOR	0 0 50 0					Х		182,167	0	33,659
VP OF INSTITUTIONAL ADVANCEMEN (24) ROBERT FLOWERS	0 0 50 0									
VP OF STUDENT AFFAIRS	0 0					X		177,121	0	38,810

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As Filed Data -

DLN: 93493109005096

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

		ne organization					Employer identification	ation number					
пораг	tand W	Villiam Smith Colleges					16-0743040						
Pa	rt I	Reason for Publi	c Charity S	itatus (All organiza	tions must co	mplete this r		ons.					
		zation is not a private fo											
1	Ē	A church, convention		·	= -	· ·	•						
2	굣	A school described in				•	,,,,,,,						
3	Ē	A hospital or a cooper	=		· ·	tion 170(b)(1)	(A)(iii).						
4	Ė	A medical research or		_				i). Enter the					
	_	hospital's name, city,	and state										
5	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	_	section 170(b)(1)(A)											
6		A federal, state, or loc											
7		An organization that n described in section 1				om a governme	ental unit or from the g	general public					
8	Г	A community trust de				t II)							
9	Ė	An organization that n					butions, membership	fees, and gross					
-	•	receipts from activitie											
		its support from gross											
		acquired by the organ						, submitted to					
10	г	An organization organ											
11	Ė	An organization organ	•	•	· ·	•		out the nurnoses of					
	,	one or more publicly s											
	_	the box in lines 11a th	nrough 11d tha	at describes the type o	of supporting or	ganızatıon and	complete lines 11e, 1	l 1f, and 11g					
а		Type I. A supporting of											
		supported organizatio organization You mus				ty of the direct	ors or trustees of the	supporting					
ь	Г	Type II. A supporting				with its suppo	rted organization(s). I	ov having control or					
_	•	management of the su	-	•		• •							
	_	must complete Part I											
C	ı	Type III functionally						grated with, its					
d	\vdash	supported organizatio Type III non-function						ianization(s) that is					
_	'	not functionally integr											
	_	(see instructions) Yo											
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type II Enter the number of s											
g		Provide the following i											
9			ormation ab		24(5)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	janization	(v) A mount of	(vi) A mount of					
		organızatıon		organization	listed in your	governing	monetary support	other support (see					
				(described on lines 1-9 above or IRC	docume	nt?	(see instructions)	ınstructions)					
				section (see	-								
				instructions))									
					Yes	No							
Tota													

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 14,929,783 11,296,472 12,816,153 19,717,295 12,969,820 71,729,523 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 14,929,783 11,296,472 12,816,153 19,717,295 12,969,820 71,729,523 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 71,729,523 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (c) 2012 (e) 2014 (f) Total (a) 2010 (d) 2013 beginning in) 🟲 14,929,783 11,296,472 12,816,153 19,717,295 71,729,523 Amounts from line 4 12,969,820 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,286,805 1,978,111 2,881,813 2,683,159 3,566,166 13,396,054 and income from similar sources Net income from unrelated business activities, whether or O not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 692,022 670,041 497,739 655,423 565,240 3,080,465 capital assets (Explain in Part VI) 11 Total support Add lines 7 88,206,042 through 10 12 Gross receipts from related activities, etc (see instructions) 12 614,404,549 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 81 320 % Public support percentage for 2013 Schedule A, Part II, line 14 15 76 260 % 16a 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 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 17a 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 organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box 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)) 0 %

Section C. Computation of Public Support Percentage

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 for 2014 (line 10c, column (f) divided by line 13, column (f))

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

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

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% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

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

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		
8	Minimum Asset Amount (add line 7 to line 6)	8		

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 Amounts paid to perform activity that directly furthexcess of income from activity	2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec	nured)				
6 Other distributions (describe in Part VI) See instru	JCTIONS				
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 r	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) Underdistributions 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 \$					
A pplied to underdistributions of prior years					
b Applied to 2014 distributable amount					
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 3j and 4c					
8 Breakdown of line 7					
a From 2010					
b From 2011					
c From 2012					
d From 2013					

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493109005096

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization bart and William Smith Colleges				Employer iden	tification number
поп	vait and William Smith Colleges				16-0743040	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a s	section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	cal campaign act	tivities in Par	t IV	
2	Political expenditures				F	\$
3	Volunteer hours					
Dar	**TES Complete if the or	ganization is exempt under	section 501/	c)(3)		
1		e tax incurred by the organization und				*
2	•	e tax incurred by organization manag				\$
3		ection 4955 tax, did it file Form 472				☐ Yes ☐ No
4a	Was a correction made?	·	·			┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par		ganization is exempt under	section 501(c), except	section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function ac	tivities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to ot	her organization:	s for section!	527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line	17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?				Yes
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing o to a separate	organızatıon's f e political orga	unds Also enter the nization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	filing org	unt paid from ganization's one, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
For F	Panerwork Reduction Act Notice se	 ee the instructions for Form 990 or 990	 - F7 /		Schodulo C (000 or 000 F7\ 2014

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobbed Check F if the filing organization checked bo		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			rage
	1 11	(a	1)	((b)
ror e activ	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	Am	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	ı			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c))(5), o	r sec	tion
				Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a			
b	Carryover from last year	2b			
C	Total Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	2c 3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p lıst),	Part II	-A, line	es 1 and
	Return Reference Explanation				
LOB	BYING ACTIVITY FORM 990, PART IV, QUESTION 4 THE COLLEGES DO NOT DIRECT ACTIVITY HOWEVER, A PORTION OF THE DUES PAID TO PROFESS ARE DESIGNATED FOR LOBBYING BY SUCH PROFESSIONAL ORGAN	SIONA	LORGA		
			· · · · · · · · · · · · · · · · · · ·		

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493109005096

OMB No 1545-0047

Open to Public **Inspection**

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. Internal Revenue Service

Name of the organization **Employer identification number** Hobart and William Smith Colleges 16-0743040 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a)

d	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during						
	the tax year 🛌							
4	Number of states where property subject to conservation easement is located 🛌							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer ———————————————————————————————————	ments d	uring the year					
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during	the year					
	▶ -\$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of second section $170(h)(4)(B)(II)$?	tion 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No			
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	•	,					

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	storic	<u>al Tre</u>	<u>asures, or C</u>	<u>the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck ar	ny of the	e following that a	are a	significant use	e of its	
а	Public exhibition		d	Г	Loan or	exchange prog	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they	further	the organizatior	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofar	rt, histo	rical tr	easures or othe	rsım	ıılar	_	_
	assets to be sold to raise funds rather than								┌ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 9	9 90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for co	ntrıbutı	ons or other ass	etsı		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing tal	ble	-				
						-		Ar	nount	
С	Beginning balance					-	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21,	for esc	rowor	custodial accou	nt lıa	ibility?	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anatıor	has be	en provided in l	art	XIII		Γ
Pai	rt V Endowment Funds. Complete	ıf the organızatıoı	n ans	swered						
		(a)Current year	(b)	Prior yea		(c)Two years back				years back
1a	Beginning of year balance	202,413,144		181,78		161,238,813	<u> </u>	182,833,093		165,864,735
b	Contributions	2,830,972		10,44	0,768	2,156,185		1,839,005		3,971,002
С	Net investment earnings, gains, and losses	2,899,627		17,95	0,223	26,582,267		-14,533,394		20,377,111
d	Grants or scholarships	3,540,796		2,91	6,692	2,911,395		2,922,603		3,189,919
е	Other expenditures for facilities and programs	4,740,131		4,85	8,893	4,913,256		4,913,580		5,082,330
f	Administrative expenses	-114,818		-1	0,122	364,998		1,063,708		-892,494
g	End of year balance	199,977,634		202,41	3,144	181,787,616		161,238,813		182,833,093
2	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ne 1g, c	olumn	(a)) held as				
а	Board designated or quasi-endowment 🕨	19 000 %								
b	Permanent endowment ► 62 000 %									
c	Temporarily restricted endowment ► 19 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that ar	e held a	and administere	d for	the		
	organization by								Yes	
	(i) unrelated organizations						•	3a	• •	No
L	(ii) related organizations						•	3a(No
ь 4	Describe in Part XIII the intended uses of t	•					•	3	<u> </u>	
	t VI Land, Buildings, and Equipme					answered 'Yes	' to	Form 990. Pa	art IV.	line
	11a. See Form 990, Part X, line			rgamz	duon	4113116164 166		101111 330, 10	11017	
	Description of property				ost or oth investme			(c) Accumulated depreciation	(d) E	Book value
1a	Land					3,566	,191	ı		3,566,191
	Buildings					160,429		63,079,12	9	97,350,455
	Leasehold improvements					13,464		5,388,24	+	8,076,047
	Equipment					49,716		37,594,04	+	12,122,787
e	Other					37,123		13,127,45	1	23,995,907
	I. Add lines 1a through 1e (Column (d) must e			umn (B)	, line 10	D(c).)				145,111,387
								Schedule I) (Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(-,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) CASH AND CASH EQUIVALENTS	15,507,372	F
(B) REAL ESTATE	7,630,575	F
(C)PRIVATE EQUITY	9,351,339	F
(D) HEDGE FUNDS	73,805,782	F
(E) OTHER	2,153,976	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	108,449,044	
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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	n answered 'Ves' to Form 000	Part IV line 11d See Form 200 Part V line 15
(a) Descri		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 1	15.)	
Part X Other Liabilities. Complete if the org.		Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
REFUNDABLE ADVANCES FROM GOVER	1,937,038	
ASSET RETIREMENT OBLIGATIONS	2,466,997	
FAIR VALUE OF SWAP AGREEMENT	7,671,687	
	+	
	1	
	1	
Table (Column (h) and a surface of San		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,075,722	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Ret	t urn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	102,659,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -8,680,213		
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	-58,512,991
3	Subtract line 2e from line 1	3	161,172,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,184,520		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	1,157,600
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	162,329,871
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	leturn. Complete
1	Total expenses and losses per audited financial statements	1	106,581,300
2	A mounts 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)		
e	Add lines 2a through 2d	2e	26,920
3	Subtract line 2e from line 1	3	106,554,380
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 1,184,520		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	48,928,472
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	155,482,852
	Supplemental Information		·

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

Return Reference	Explanation
Schedule D, PART V, LINE 4	ENDOWMENT FUNDS ARE LONG-TERM ASSETS OF THE COLLEGES CREATED EITHER BY DONOR GIFTS OR BY ACTIONS OF THE BOARD OF TRUSTEES THEIR PURPOSE IS TO GENERATE, IN PERPETUITY, OPERATING REVENUE FOR SPECIFIC ACTIVITIES OR FOR THE USE OF THE COLLEGES ENDOWMENT FUNDS ARE INVESTED UNDER DIRECTION OF THE BOARD OF TRUSTEES TO ACHIEVE MAXIMUM LONG-TERM TOTAL RETURN WITH PRUDENT CONCERN FOR THE PRESERVATION OF INVESTMENT CAPITAL
Part X, Line 2	THE COLLEGES ARE A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND ARE GENERALLY EXEMPT FROM INCOME TAX ON RELATED INCOME THE COLLEGES RECOGNIZE THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS THE COLLEGES BELIEVE IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS
Part XI, Line 2d	FINANCIAL AID \$(45,777,308) CHANGE IN FAIR VALUE OF SWAP AGREEMENT \$(2,088,826) LOSS ON PLEDGES \$(1,966,644) TOTAL \$(49,832,778)
Part XI, Line 4b	RENT EXPENSE \$(26,920)
Part XII, Line 4b	FINANCIAL AID \$(45,777,308) LOSS ON PLEDGES \$(1,966,644) TOTAL \$(47,743,952)
Part XII, Line 2d	RENT EXPENSE \$(26,920)

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493109005096

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE E

(Form 990 or 990-EZ)

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

bar	t and William Smith Colleges	2040		
Pa	rt I	3040	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chart other governing instrument, or in a resolution of its governing body?	er, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe I please explain If you need more space use Part II	i a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondisc basis?	rımınatory 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dea with student admissions, programs, and scholarships?		Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?			No
	Use of facilities?	5f		No
	Athletic programs?			No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h_</u>		No.
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 thro of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		Vac	,,,,

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, LINE 3	HOBART AND WILLIAM SMITH COLLEGES HAVE PUBLICIZED OUR RACIALLY NONDISCRIMINATORY POLICY IN ALL OUR SOLICITATIONS FOR STUDENTS APPLICANTS ARE RECRUITED THROUGH THE AID OF DIRECT MAIL AND ELECTRONIC DOCUMENTS, GENERAL COLLEGE PUBLICATIONS FREELY ACCESSIBLE TO THE COMMUNITY, ADVERTISEMENTS IN REGIONAL AND GENERAL INTEREST PUBLICATIONS AND THE COLLEGES' WEBSITE WWW HWS EDU
SCHEDULE E, LINE 6	HOBART AND WILLIAM SMITH COLLEGES RECEIVE FUNDS FROM THE FEDERAL WORK STUDY PROGRAM, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM, FEDERAL PELL GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL DIRECT LOAN PROGRAM, NEW YORK STATE TUITION ASSISTANCE PROGRAM, NEW YORK STATE BUNDY AID, AND NEW YORK STATE HIGHER EDUCATION OPPORTUNITY PROGRAMS

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

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DLN: 93493109005096

OMB No 1545-0047

SCHEDULE F (Form 990)

Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990.

Department of the Treasury

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

Open to Public **Inspection** Employer identification number

Hoba	art and William Smith Colleges				' '			
11000	are and william Simen Coneges				16-0743040			
Pa	rt I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiz	ation answered		
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants						_		
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria								
	used to award the grants or a		✓ Yes ✓ No					
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed)			
				1				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	See Add'l Data							
(2)								
(3)								
(4)								
(5)								
За	Sub-total		9			81,650,401		
b	Total from continuation sheets to Part I					958,192		
C	Totals (add lines 3a and 3b)		9			82,608,593		

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived 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	l space is ne	eded.

	be duplicated if addition			Т			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Scholarships	Central America and the Caribbean	4		ACCT CREDIT			
(2) Scholarships	East Asia and the Pacific	54	·	ACCT CREDIT			
(3) Scholarships	Europe (Including Iceland and Greenland)	9	·	ACCT CREDIT			
(4) Scholarships	Middle East and North Africa	h 3		ACCT CREDIT			
(5) Scholarships	North America	13	412,166	ACCT CREDIT			
(6) Scholarships	South America	2	72,427	ACCT CREDIT			
(7) Scholarships	South Asia	5	269,466	ACCT CREDIT			
(8) Scholarships	Sub-Saharan Africa	6	204,133	ACCT CREDIT			
(9)	-		1	<u> </u>			
(10)			1				†
(11)			<u> </u>				†
(12)			<u> </u>				+
(13)	+		<u> </u>	 			+
(14)	+		<u> </u>	 			+
(15)							
(16)	+	+					+
(17)			<u> </u>	'			+
(18)				,			+
			-			Scho	dula E (Form 000) 2014

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▼	Yes	Γ	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)	Γ	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)	굣	Yes	Г	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)	দ	Yes	Γ	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)	١✓	Yes	Γ	Νo
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)	√	Yes	Г	No

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
SCHEDULE F, PART I, LINE 3, COLUMN F	EXPENDITURES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING INVESTMENTS ARE REPORTED AT THEIR FAIR MARKET VALUE

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, PART I, LINE 2	HOBART AND WILLIAM SMITH COLLEGES OFFER GRANTS TO STUDENTS ON THE BASIS OF DEMONSTRATED FI NANCIAL NEED AND/OR ACADEMIC ACHIEVEMENT STUDENTS AND THEIR FAMILIES SUBMIT STANDARDIZED APPLICATION MATERIALS TO THE OFFICE OF FINANCIAL AID, WHICH OVERSEES THE PROCESS OF AWARDI NG SUCH GRANTS ELIGIBILITY CRITERIA FOR THE VARIOUS GRANTS IS ESTABLISHED BY THE COLLEGES THE COLLEGES CREDIT THE TUITION ACCOUNTS OF THE STUDENTS WHO ARE AWARDED FINANCIAL AID G RANTS

Additional Data

Software ID: Software Version:

EIN: 16-0743040

Name: Hobart and William Smith Colleges

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	OFF CAMPUS STUDY	37,734
East Asia and the Pacific		3	Program Services	OFF CAMPUS STUDY	395,706
Europe (Including Iceland and Greenland)		4	Program Services	OFF CAMPUS STUDY	2,372,200

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Middle East and North Africa			Program Services	OFF CAMPUS STUDY	15,880			
Russia and the Newly Independent States			Program Services	OFF CAMPUS STUDY	22,413			
South America		1	Program Services	OFF CAMPUS STUDY	183,169			

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	OFF CAMPUS STUDY	40,005
Sub-Saharan Africa			Program Services	OFF CAMPUS STUDY	24,529
North America		1	Program Services	OFF CAMPUS STUDY	603

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Central America and the Caribbean			Investments		35,863,765		
Europe (Including Iceland and Greenland)			Investments		29,879,401		
Sub-Saharan Africa			Investments		4,220,937		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) A ctivities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
East Asia and the Pacific			Investments		7,503,216		
Central America and the Caribbean			Grantmaking	SCHOLARSHIPS	131,990		
East Asia and the Pacific			Grantmakıng	SCHOLARSHIPS	553,494		

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Europe (Including Iceland and Greenland)			Grantmakıng	SCHOLARSHIPS	300,353			
Middle East and North Africa			Grantmakıng	SCHOLARSHIPS	105,006			
North America		_	Grantmakıng	SCHOLARSHIPS	412,166			

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmakıng	SCHOLARSHIPS	72,427
South Asia			Grantmakıng	SCHOLARSHIPS	269,466
Sub-Saharan Africa			Grantmakıng	SCHOLARSHIPS	204,133

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493109005096 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Hobart and William Smith Colleges 16-0743040 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

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

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

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) Scholarships	1595	43,728,273			

Part IV Supplemental I	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					
	HOBART AND WILLIAM SMITH COLLEGES OFFER GRANTS TO STUDENTS ON THE BASIS OF DEMONSTRATED FINANCIAL NEED AND/OR ACADEMIC ACHIEVEMENT STUDENTS AND THEIR FAMILIES SUBMIT STANDARDIZED APPLICATION MATERIALS TO THE OFFICE OF FINANCIAL AID, WHICH OVERSEES THE PROCESS OF AWARDING SUCH GRANTS ELIGIBILITY CRITERIA FOR THE VARIOUS GRANTS IS ESTABLISHED BY THE COLLEGES THE COLLEGES CREDIT THE TUITION ACCOUNTS OF THE STUDENTS WHO ARE AWARDED FINANCIAL AID GRANTS					

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493109005096

OMB No 1545-0047

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 Hobart and William Smith Colleges **Employer identification number**

			16-0743040			
Pa	rt I Questions Regarding Compensation	1				
					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	굣	Housing allowance or residence for personal use			
	Travel for companions		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	<u>\</u>	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 de			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at apply	Do not check any boxes for methods			
	✓ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> - </u>	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, For a related organization	Part VII	, Section A , line 1a with respect to the filing organization $% \left(1\right) =\left(1\right) \left(1\right$			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-ba	ased coi	mpensation arrangement?	4c	Yes	
	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions mu	ıst complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	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," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	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 of	f 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 & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 MARK GEARAN, PRESIDENT	(i) (ii)	473,412 0	0	43,253 0	26,000 0	99,278 0	641,943 0	0
2 PETER POLINAK, VICE PRESIDENT FOR FINANCE	(i) (ii)	203,567 0	0	1,552 0	20,280	1,257 0	226,656 0	0 0
3 TITILAYO UFOMATA, PROVOST/DEAN OF FACULTY	(i) (ii)	203,470	0	1,144	8,942 0	30,594	244,150	0
4 ROBERT MURPHY, VP OF ENROLLMENT MANAGEMENT	(i) (ii)	260,144	0	2,248	26,000 0	14,932 0	303,324 0	0
5 ALFRED DAMIANO, CHIEF INFORMATION OFFICER	(i) (ii)	213,515 0	0	411	21,982	20,847	256,755 0	0
6 ROBERT O'CONNOR, VP OF INSTITUTIONAL ADVANCEMEN	(i) (ii)	181,917 0	0	250 0	18,760	14,899 0	215,826	0
7 ROBERT FLOWERS, VP OF STUDENT AFFAIRS	(i) (ii)	176,888 0	0	233	17,849 0	20,691	215,661 0	0

Schedule J (Form 990) 2014

Part IIII Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
	PRESIDENT GEARAN PARTICIPATES IN A FROZEN STOCK OPTION ARRANGEMENT WHERE HE MAY EXERCISE THE OPTION TO BUY UNITS IN TWO SPECIFIED MUTUAL FUNDS CONTAINED WITHIN THE COLLEGES' ENDOWMENT PRIOR TO JULY 1, 2016 THE OPTION PRICE IS \$60,000 PER FUND THE VALUE OF THIS OPTION DECREASED BY \$9,279 DURING CALENDAR YEAR 2014 NO PAYMENTS TO PRESIDENT GEARAN HAVE BEEN MADE UNDER THIS ARRANGEMENT
	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE PRESIDENT GEARAN AND DR UFOMATA ARE PROVIDED HOUSING AS A CONDITION OF THEIR EMPLOYMENT AND FOR THE CONVENIENCE OF THE COLLEGES THE FAIR MARKET VALUE OF THE HOUSING ALLOWANCE IS INCLUDED AS A NON-TAXABLE BENEFIT IN SCHEDULE J, COLUMN (D) HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES PRESIDENT GEARAN RECEIVED MEMBERSHIPS TO TWO SOCIAL CLUBS FOR THE PURPOSES OF MEETING AND ENTERTAINMENT OF ALUMNI AND OTHER GUESTS OF THE COLLEGES THE VALUE OF THE SOCIAL CLUB DUES IS INCLUDED SCHEDULE J, COLUMN (D) AS A NONTAXABLE BENEFIT PERSONAL SERVICES PRESIDENT GEARAN AND DR UFOMATA RECEIVED PERSONAL SERVICES FOR THE CONVENIENCE OF THE COLLEGE THE VALUE OF THE PERSONAL SERVICES IS INCLUDED IN SCHEDULE J, COLUMN (D) AS A NONTAXABLE BENEFIT

Schedule J (Form 990) 2014

DLN: 93493109005096

OMB No 1545-0047

Open to Public

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

Department of the Treasury Internal Revenue Service

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

Inspection

	Employer identification number														
Hor	obart and William Smith Colleges								16-	07430	40			l	
Р	art I Bond Issues		·												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	(f) Description	າ of purpose	(g) Def	feased	beha	n) On (i) Pool financing		
i	!		1	'						Yes	No	Yes	s No Yes		No
	CITY OF GENEVA INDUS	16-1266095	372175bt5	12-12-2007	31,25	50,000	CAP	PITAL PROJE	CTS	103	X	163	X	163	X
	DEV AG MULTI (SERIES 2007)				·	,									
В	CITY OF GENEVA DEV CORP REVENUE (SERIES 2012)	80-0820946	37217PAQ8	06-28-2012	29,94			FUNDING OF S D 2003	SERIES 2001		Х		Х		Х
c _	CITY OF GENEVA DEV CORP REVENUE (SERIES 2014)	80-0820946	37217PBN4	03-20-2014	15,41	16,104	CAP	PITAL PROJE	CTS		Х		X		Х
P	art III Proceeds														
1	A mount of bonds retired				ļ	Α		В			С			D	
1_	A mount of bonds retired Amount of bonds legally defea				 	4,225,0				0			0		
2	Total proceeds of issue				 	51.250	<u> </u>		0	0					
3 4	Gross proceeds in reserve fun				31,250,000		000			15,416,105					
<u>4</u> 5	Capitalized interest from proce				 				0	0					
<u> </u>	Proceeds in refunding escrows				 		0 0						1		
7	Issuance costs from proceeds					475	75,688 435,838			308,322			,		
/ 8	Credit enhancement from proc				+	-	357,585 0								
9	Working capital expenditures 1				+			0				<u>-</u>			
10					+	29,974,4	498		0						
11	O ther spent proceeds					442,	-		29,506,980			7,213			
12	O ther unspent proceeds				+	• •	0		0			9,199			
13	Year of substantial completion				20	11		2013			<u> </u>				
ı					Yes	No		Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as part	t of a current refund	ing issue?		1	Х		х				×			
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х		х			,	×			
16					Х			х			 ,	×			
17	Does the organization maintai	n adequate books a	nd records to supp	ort the final	х			Х		Х					
Pa	rt IIII Private Business U	Jse													
ı						Α	\longrightarrow	В.			C			D	
1 .	Was the organization a partne	er in a narthershin o	era member of an I	LC which owned	Yes	No	\longrightarrow	Yes	No	Yes	N	lo	Yes	+	No
, 1	Was the organization a partner in a partnership, or a member of an LLC, which owned					l x	- 1	1	Х		×	(I		1	

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Х

Part IIII Private Business Use (Continued) В С D 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 Х Χ 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 Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ Х 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 % 0 % 0 % 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 unrelated trade or business activity carried on by your organization, another section 1 887 % 0 829 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 829 % 6 1 887 % 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 nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 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 С Α В D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Χ Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due yet? а Χ Χ Χ Exception to rebate? Х b Χ Χ No rebate due? Х Χ Χ c 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 Х Χ Χ into a qualified hedge with respect to the bond issue? RBC CAPITAL Name of provider MARKETS Term of hedge 30 Was the hedge superintegrated? d Х Was the hedge terminated? Χ

Part IV Arbitrage (Conti	nued)
--------------------------	-------

Return Reference

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		
b	Name of provider	0 0		0					
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	x		x			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

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

Explanation

Part VI	Supplemental Info	ormation. Provide additiona	I information for respo	nses to questions on	Schedule K (see instructions).

PART II, LINE 11 OTHER SPENT	Col A- \$475,688 NYS bond issuance charge, issuer administrative fee per Form 8038 Col B- \$192,204 issuer administrative fee per Form 8038 -
PROCEEDS	\$29,942,818 was used to refund prior bond issues Col C- \$107,213 issuer administrative fee per Form 8038

Return Reference	Explanation
PART III, QUESTION 9	THE ORGANIZATION DOES NOT HAVE ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OR THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTION 1 141-12 AND 1 145-2 BUT THE COLLEGES DO COMPLY WITH THE REGULATIONS

Return Reference	Explanation
PART IV, QUESTION 2C	MAY 9, 2013 FOR THE PERIOD DECEMBER 12, 2007 THROUGH DECEMBER 1, 2012
1	

DLN: 93493109005096

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

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

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

Hobart and William Smith Colleges 16-0743040 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (e)Original (f)Balance (i)Written (d) Loan to **(g)** In (h) (c) with organization Purpose of or from the Approved agreement? interested principal due default? organization? by board or person loan amount committee? Yes Yes Τо From No Yes No No Total

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	ation's				
				Yes	No				
,	SPOUSE OF PRESIDENT	54,426	EMPLOYEE AT THE COLLEGES		No				

Part V	Supplemental Information

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

	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

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

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Hobart and William Smith Colleges

16-0743040 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . 1,790,934 FMV Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies **21** Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 25 Other ► (__ 26 Other ►(___ **27** Other ▶(__ **28** Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** | Yes **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

	hether the organization is reporting in Part I, column (b), the number of contributions, the ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
•	Hobart and William Smith College have an agreement in place with a security broker to process and sell stock gifts as soon as they are received

Schedule M (Form 990) (2014)

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OMB No 1545-0047

2014

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Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization
Hobart and William Smith Colleges

16-0743040

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 11B	
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING CONFLICTS OF INTEREST ON A DISCLOSURE STATEMENT AT THIS TIME A RIGOROUS PROCESS OF REVIEWING THE DISCLOSURES IS UNDERTAKEN BY THE ASSISTANT SECRETARY AND ASSISTANT TREASURER'S OFFICE TO ENSURE CONFLICTS ARE TIMELY DEALT WITH IF NECESSARY
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (OMITTING THE PRESIDENT FOR THIS PURPOSE) IS COMPRISED OF MEMBERS WITHOUT A CONFLICT OF INTEREST. THIS COMMITTEE REVIEWS THE COMPEN SATION FOR THE PRESIDENT. AN ANNUAL PROCESS OF ASSESSING THE PRESIDENT'S PERFORMANCE AND R EVIEWING COMPARATIVE COMPENSATION DATA IS PERFORMED IN ORDER TO RECOMMEND COMPENSATION CHA NGES. A MOTION TO BE APPROVED BY THE FULL BOARD IS DRAFTED BY THE EXECUTIVE COMMITTEE AFTE R THE REVIEW PROCESS. THE DISCUSSIONS OF THE COMMITTEE AND FULL BOARD ARE CONTEMPORANEOUSL Y DOCUMENTED IN THE BOARD MINUTES. THE COLLEGES MEET THE THREE REQUIREMENTS OF THE REBUTTA BLE PRESUMPTION
FORM 990, PART VI, SECTION C, LINE 19	HOBART AND WILLIAM SMITH COLLEGES MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST RATE SWAP \$2,088,826

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2014

OMB No 1545-0047

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization Hobart and William Smith Colleges

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

(a)

(b)

Primary activity

(c)

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

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

of more related tax exempt organizations during the tax years							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section (13) cor entil	512(b) ntrolled
						Yes	No
•							

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

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ıng	(k) Percentage ownership
]		Yes	No		Yes	OF	

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

(a) Name, address, and EIN of related organization	Primary activity Legal domicile (state or foreign country) (d) Direct controlling entity (C corp, S corp, or trust)		ss, and EIN of Primary activity Legal Direct controlling Type of enganization domicile entity (C corp. S controlling type of enganization (State or foreign type of enganization entity (State or foreign type of enganization entity (C corp. S controlling type of enganization entity (State or foreign type of enganization entity (State or foreign type of enganization entity).		Direct controlling	ary activity Legal Direct controlling Type of the domicile entity (C corporate or foreign or the domicile)	mary activity Legal domicile domicile (state or foreign Direct controlling entity (C corp, S corp or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	1 512 L3) olled
							Yes	No				
(1) CHARITABLE REMAINDER TRUST (7)	CRAT	NY	NA	Trust			Yes					
(2) POOLED INCOME FUND	POOLED INCOME	NY	NA	Trust			Yes					

s Other transfer of cash or property from related organization(s)

hedule R (Form 990) 2014		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
• Sharing of paid employees with related organization(s)	10		No
P Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POOLED INCOME FUND	S	109,501	FMV

1s Yes

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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