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DLN: 93493109012106

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047

Open to Public Inspection

			endar year, or tax year beginn C Name of organization	ing 06-01-2014 , and ending 05-31-20	15			
B Che		applicable hange	BELOIT COLLEGE					tification number
_	ne cha	-	Doing business as				308497	
,		=	Doing Dusiness as					
Fin			Number and street (or P O box in 700 COLLEGE ST	f mail is not delivered to street address) Room/	suite	· ·	one numb	
		minated				(608)	363-22	205
		return n pending	BELOIT, WI 53511	ountry, and ZIP or foreign postal code		<b>G</b> Gross r	eceipts \$	106,159,836
i Wh	nication	ii pending	<b>F</b> Name and address of p	orincipal officer	11(-)			-
			DR H SCOTT BIERMAN	Americal officer	П(а)	Is this a group subordinates?		or □Yes 🔽 No
			700 COLLEGE ST BELOIT,WI 53511		НСРУ	Ara all cubardi	natas	Γ Yes Γ No
					_ ''(5)	Are all subordi included?	mates	j řesj No
<b>I</b> Ta	x-exen	npt status	▼ 501(c)(3)	◀ (insert no )	_	If "No," attach	alıst (	see instructions)
J W	ebsite	e:► WW	W BELOIT EDU		H(c)	Group exempt	ion num	ber ►
<b>K</b> Forr	n of or	rganızatıon	Corporation Trust Associa	ation Cother ►	L Yea	ar of formation 18	346 <b>M</b> 5	State of legal domicile WI
Pa	rt I	Sum	imary					
Activities & Governance	2 3 4	ITS MIS INCLUS WWW BE Check th Number	SSION STATEMENT, A STUD IVITY AND DIVERSITY, ACC LOIT EDU/MOREBELOIT  his box  if the organization  of voting members of the gove of independent voting member	ITS STUDENTS, FACULTY, STAFF, NA ENT-RATIFIED STATEMENT OF CULT CESS, AND THE PUBLIC GOOD TO LE discontinued its operations or disposed erning body (Part VI, line 1a) rs of the governing body (Part VI, line 1	I of more t	WELL AS ITS FRE ABOUT BEI	net ass	COMMITMENTS TO ISIT  sets  33
			• •	In calendar year 2014 (Part V, line 2a)			6	1,553
			•	Part VIII, column (C), line 12			7a	120,515
	I			e from Form 990-T, line 34			7b	-4,484
						Prior Year		Current Year
<u>o</u>	8			, line 1 h)		10,250,		16,497,877
Ravenue	9 10			, line 2g)		57,393, 8,967,		58,822,257 12,712,366
Ä	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	1,174,		1,103,684
	12			11 (must equal Part VIII, column (A), lı		77 705	742	90 126 194
	13			art IX, column (A), lines 1–3)		77,785, 26,305,		89,136,184 27,089,797
	14			t IX, column (A), line 4)		20,000,	0	0
	15			oyee benefits (Part IX, column (A), lines		27,646,	618	28,269,516
Expenses	16a	5-10) Profes		X, column (A), line 11e)	_		0	141,000
क ⊕	b		ındraısıng expenses (Part IX, column		-			
Δ	17			), lines 11a-11d, 11f-24e)		23,220,	940	21,695,305
	18			nust equal Part IX, column (A), line 25)		77,173,		77,195,618
	19	Reven	ue less expenses Subtract lir	ne 18 from line 12		612,	511	11,940,566
\$ 8 6 8 8					Beg	inning of Curre Year	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)			237,489,	078	248,978,268
X 문문	21					76,031,		78,920,272
	22			ct line 21 from line 20	1	161,457,	606	170,057,996
Par Unde my ki	t III r pena nowle	Sign alties of dge and	nature Block perjury, I declare that I have (	examined this return, including accompa omplete Declaration of preparer (other	anying scl	nedules and sta	itement	s, and to the best of
		****				2016-04-13		
Sign		'	ature of officer			Date		
Here	2		RIE STICKELMAIER VP FOR BUDGET A e or print name and title	AND PLANNING				
		F	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	t	_	FIROY MARINE CPA  FIRM'S name	TROY MARINE CPA  OW KRAUSE ILP	2016-04-1	self-employed Firm's EIN > 3	P001878 9-085991	
Pre	•	er						
Hen	On	Jan I F	Firm's address 🟲 777 E WISCONSIN A	WENUE 32ND FLOOR		Phone no (414	+) //7-550	JU

MILWAUKEE, WI 53202

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
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 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	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		No
С	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
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	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	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"  complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
4-	Fatantha number nasatad a Ray 2 of Farm 1000 Fatan 0 of national land.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 182  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ► IT  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI														<u>.</u> [~
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? 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	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►LAURIE STICKELMAIER

700 COLLEGE STREET

BELOIT, WI 53511 (608) 363-2250

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) 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)	(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)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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	more t perso	han d n is	ne l both	box, ∣an (	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee 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	٠			
d	Total (add lines 1b and 1c)	r	2,126,285	0	413,624

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►13

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
4	For any individual listed 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 I 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		Νo		

#### **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
BON APPETIT PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICE	3,349,438
STUDIO GANG ARCHITECTS LTD 1520 W DIVISION ST CHICAGO, IL 60642	CONSTRUCTION	603,650
ASSOCIATED COLLEGES OF THE MIDWEST 11 EAST ADAMS SUITE 800 CHICAGO, IL 60603	EDUCATION SERVICES	343,207
FURMAN BROS LANDSCAPING 13447 E LAKE SHORE RD CLINTON, WI 53525	MAINTENANCE	290,417
CORPORATE CONTRACTORS 3800 GATEWAY BLVD NO 200 BELOIT, WI 53511	CONSTRUCTION	277,375
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►22

Part V	/111	Statement of	of Revenue ule O contains a respo	nse or note to any lir	oe in this Part VIII			
		Check ii Scheu	uie O Contains a respo	nse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					312 311
nts	ь	Membership di	ues <b>1b</b>					
Gra	c	Fundraising ev						
Ę Ę	d	Related organi						
Gif		Government grant						
ns, Sir	е				ļ	ļ		
utio	f	All other contributi similar amounts n	ons, gifts, grants, and <b>1f</b> ot included above	15,043,861				
ēē	g	Noncash contribut	ions included in lines	1,440,631	j	į		
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1 a - 1 f		16,497,877			
				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		812900	50,806,669	50,806,669		
e Ke	ь	ROOM, BOARD & (	OTHER	812900	8,015,588	8,015,588		
9 e E	С							
Ē.	d							
ა [	е							
Ž.	f	All other progra	am service revenue					
ž	g	Total. Add line	s 2a-2f		58,822,257			
	3	Investment ind	come (ıncludıng dıvıden	ds, interest,	4,495,507			4,495,507
	4		ar amounts) stment of tax-exempt bond		4,433,307			4,433,307
	5	Royalties .			2,228			2,228
		·	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	25,220,187					
	Ь	Less cost or other basıs and	16,940,407	62,921				
	c	sales expenses Gaın or (loss)	8,279,780	-62,921				
	d		SS)		8,216,859			8,216,859
ψ.	8a	Gross income t	from fundraising Huding					
Other Revenue		Ψ	i,440 s reported on line 1c) ne 18					
<u> </u>			a	8,126				
Ě	b		(less) from fundrations		-12,198			-12,198
~	9a		(loss) from fundraising from gaming activities	events	-12,198			-12,198
			ne 19 a					
	b		penses <b>b</b>					
	10a	Gross sales of returns and all		vities				
			a					
	b		oods sold <b>b</b> (loss) from sales of inv	entory				
	Ť	Miscellaneou		Business Code				
	11a	MISCELLANE		900099	973,232		-19,907	993,139
	b	CONFERENCE	S	721000	140,422		140,422	
	С							
	d	All other reven						
	е	<b>Total.</b> Add line		· · · •	1,113,654			
	12	Total revenue.	See Instructions .		89,136,184	58,822,257	120,515	13,695,535

## Part IX Statement of Functional Expenses

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

7b, 8b	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service	(C) Management and	(D)
		'	expenses	general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	25,378,724	25,378,724		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,711,073	1,711,073		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,991,421	619,354	1,058,980	313,087
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	19,934,876	15,195,603	3,512,974	1,226,299
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,380,053	1,031,818	252,371	95,864
9	Other employee benefits	3,424,703	2,378,898	895,949	149,856
10	Payroll taxes	1,538,463	1,125,200	324,791	88,472
11	Fees for services (non-employees)				
а	Management				
b	Legal	124,031		119,749	4,282
С	Accounting	90,900		90,900	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	141,000			141,000
f	Investment management fees	108,385		108,385	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,065,787	2,161,345	859,450	44,992
12	Advertising and promotion	42,540	26,903	15,637	
13	Office expenses	1,983,196	1,319,737	502,606	160,853
14	Information technology	583,122	196,091	384,721	2,310
15	Royalties	4,210	4,210		
16	Occupancy	1,261,642	1,261,642		
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,399,222	1,213,644	99,106	86,472
19	Conferences, conventions, and meetings	286,906	243,383	36,289	7,234
20	Interest	3,179,013	3,179,013	30,203	7,25
21	Payments to affiliates	3,173,013	3,173,013		
22	Depreciation, depletion, and amortization	4,058,500	3,095,638	962,862	
23	Insurance	291,421	3,935	256,382	31,104
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		-,	,	,
а	FOOD SERVICE	3,362,282	3,246,380	68,769	47,133
b	REPAIRS & MAINTENANCE	693,506	131,012	561,957	537
C	MISCELLANEOUS OTHER	600,694	225,826	355,603	19,265
d	COLLECTIONS	559,948	559,948		
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	77,195,618	64,309,377	10,467,481	2,418,760
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)				

art X	Bal	ance	Sł	nee	et	
					_	

Par	rt X	Check if Schedule O contains a response or note to any line i	n this	Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			368,783	1	229,250
	2	Savings and temporary cash investments			5,226,858	2	8,732,518
	3	Pledges and grants receivable, net			3,042,641	3	2,959,897
	4	Accounts receivable, net			383,211	4	453,618
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II	of		5	
ste	6	Loans and other receivables from other disqualified persons $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , an and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d conti emplo	ributing employers		6	
Assets	7	Notes and loans receivable, net			5,804,634	7	5,348,721
ď	8	Inventories for sale or use			28,698	8	18,214
	9	Prepaid expenses and deferred charges			339,977	9	270,352
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	135,532,395	·		210,002
	ь	Less accumulated depreciation	10b	63,743,770	73,593,652	10c	71,788,625
	11	Investments—publicly traded securities		1	144,285,660		154,703,531
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			14,656	13	12,900
	14	Intangible assets			,	14	·
	15	Other assets See Part IV, line 11			4,400,308		4,460,642
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			237,489,078		248,978,268
	17	Accounts payable and accrued expenses			5,771,950		6,506,398
	18	Grants payable				18	-,,
	19	Deferred revenue			1,953,385		1,962,292
	20	Tax-exempt bond liabilities			57.735.500		57,585,500
_	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabilities	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disquare	ctors,				
졅		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third part				23	
	24	Unsecured notes and loans payable to unrelated third parties	· .			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F					
		D			10,570,637	25	12,866,082
	26	Total liabilities. Add lines 17 through 25			76,031,472	26	78,920,272
S <del>G</del> S		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	-  ⊽ aı	nd complete			
lan L	27	Unrestricted net assets			54,068,515	27	56,915,970
<u>е</u>	28	Temporarily restricted net assets			26,632,901	28	28,870,871
핃	29	Permanently restricted net assets			80,756,190	29	84,271,155
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here l	► ┌─ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	r funds	;		32	
Š	33	Total net assets or fund balances			161,457,606	33	170,057,996
_	34	Total liabilities and net assets/fund balances	<u>.</u> .	<u> </u>	237,489,078	34	248,978,268
	-				-		Form 000 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. IV
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89,:	136,184
2	Total expenses (must equal Part IX, column (A), line 25)	2			195,618
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		11,9	940,566
_	Nich consolination of the cons	4		161,4	57,606
5	Net unrealized gains (losses) on investments	5		- <u>î</u>	14,603
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	<b>-</b>			
_		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,8	325,573
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		170.0	57,996
Pai	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed o	n		
	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 sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Software ID: **Software Version:** 

**EIN:** 39-0808497 Name: BELOIT COLLEGE

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of trus	nless ficer tee)		compensation compensation from the from related organization (W- organizations (W-		(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	2/1099-1413C)	2/1099-1413C)	related organizations
(1) MR BILL BOYD	1 00	х						0	0	0
TRUSTEE (1) MR CHRISTOPHER D BARTOL	1 00									
TRUSTEE		х						0	0	0
(2) MR CHUCK MCQUAID	1 00	x						0	0	0
TRUSTEE								0	0	0
(3) MR DICK NIEMIEC	1 00	×						0	0	0
TRUSTEE (4) MR DON J WYATT	1 00									
TRUSTEE		X						0	0	0
(5) MR DONALD CARSON	1 00	×						0	0	0
TRUSTEE		^						Ů	0	
(6) MR EUGENE ZELTMANN	1 00	x						0	0	0
TRUSTEE (7) MR HAROLD F MAYER	1 00									
TRUSTEE		Х						0	0	0
(8) MR JAMES PACKARD	1 00	×						0	0	0
TRUSTEE								Ů		<u> </u>
(9) MR JONATHON P MASON	1 00	×						0	0	0
TRUSTEE (10) MR OSCAR E CARDONA	1 00									
TRUSTEE		X						0	0	0
(11) MR PETER CHATILOVICZ	1 00	×						0	0	0
TRUSTEE (12) MR PHEE BOON KANG	1 00									
		×						0	0	0
TRUSTEE (13) MR RICHARD CLAYTON	1 00									
TRUSTEE		Х						0	0	0
(14) MR ROBERT SHAW	1 00	×						0	0	0
TRUSTEE (15) MR ROBERT YOUNG	1 00									
TRUSTEE		x						0	0	0
(16) MR STEPHEN H MAHLE	1 00							_		
TRUSTEE		X						0	0	0
(17) MR STEVEN COHEN	1 00	×						0	0	0
TRUSTEE (18) MR THOMAS O'NEILL	1 00									
TRUSTEE		x						0	0	0
(19) MR THOMAS WALCOTT	1 00	x						0	0	0
TRUSTEE		_ ^						0	0	0
(20) MS CECILY MAJERUS	1 00	x						0	0	0
TRUSTEE (21) MS DIANE HENDRICKS	1 00									
TRUSTEE		×						0	0	0
(22) MS JO FROMAN	1 00	x						0	0	0
TRUSTEE								0	0	
(23) MS JOANNA KUTTER	1 00	×						0	0	o
TRUSTEE (24) MS JUDITH MILLER	1 00									
TRUSTEE		X						0	0	0
		•			-	-	-	-		-

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

Compensated Employees, and Inde	ependent Cor	tracto	rs			,				
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor,	ox, u an of /trus	inless fficer tee)	_	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> 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	2/1099-M13C)	2/1099-14130)	related organizations
(26) MS MARGARET ROBINSON	1 00	x						0	0	0
TRUSTEE (1) MS NINA WEISSBERG	1 00									
		×						0	0	0
TRUSTEE (2) MS SHAMS RASHID	1 00									
TRUSTEE		×						0	0	0
(3) MS SUDHA P QUAMME	1 00									
TRUSTEE		×						0	0	0
(4) MR DONALD KENT	1 00									
TRUSTEE		X						0	0	0
(5) MR GREG HOPPER	1 00	х						0	0	0
TRUSTEE		^						Ů		
(6) MR MICHAEL DOYLE	1 00	l x						0	0	0
TRUSTEE										
(7) MR JAMES SANGER	1 00	×						0	0	0
TRUSTEE (8) DR ANN DAVIES	40 00									
PROVOST & DEAN OF THE COLLEGE				Х				166,396	0	32,241
(9) DR CHRISTINA KLAWITTER	40 00									
DEAN OF STUDENTS				Х				133,571	0	23,081
(10) DR H SCOTT BIERMAN	40 00			,				441.642		F0 F22
PRESIDENT				Х				441,642	0	50,532
(11) MR DANIEL SCHOOFF	40 00			×				118,570	0	23,723
CHIEF OF STAFF AND SECRETARY OF THE COLLEGE				^				110,570		23,723
(12) MR R JEFF PUCKETT	40 00			X				233,839	0	47,185
VP EXTERNAL AFFAIRS  (13) MS LAURIE STICKELMAIER	40 00									
	40 00			х				204,029	0	41,813
VP FINANCE & PLANNING/TREASURER  (14) MS LORI RHEAD	40 00									
VP HR & OPERATIONS				Х				124,688	0	32,417
(15) MS MEGAN FITCH	40 00									
CHIEF INFORMATION OFFICER				Х				103,900	0	24,363
(16) MR ROBERT MIRABILE	40 00			,				127.420		22.046
VP ENROLLMENT				Х				137,420	0	22,946
(17) MR BILL FLANAGAN	40 00					l x		112,750	0	23,994
DEVELOPMENT PROFESSIONAL						ļ ^		112,730		
(18) MS BETH MONTIERO	40 00					×		142,406	0	36,425
EXEC DIR DEV OPER & GIFT PLANNING  (19) MR JACK STREET	40 00				-					
	40 00					x		102,443	0	23,758
PROFESSOR OF MODERN LANGUAGES & LIT (20) MR JASON HUGHES	40 00				$\vdash$		_			
DIRECTOR OF COMM & MARKETING						Х		104,631	0	31,146
								1		

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DLN: 93493109012106

OMB No 1545-0047

# **Public Charity Status and Public Support**

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

	e of th	ne organization					Employer identification	ation number
DLLOI	I COLLL	LOL					39-0808497	
Pa	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this r		ons.
		zation is not a private fo						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).	
2	<u>\script</u>	A school described in						
3	Ē	A hospital or a cooper	=		· ·	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or	ganızatıon ope	_				i <b>).</b> Enter the
5	_	hospital's name, city, An organization opera	and State ted for the her	efit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in
,	'	section 170(b)(1)(A)			versity owned c	operated by	a governmentar ame a	esembed iii
6	г	A federal, state, or loc			described in se	ection 170(b)(1	1)(A)(v)	
7	<u>'</u>	An organization that n						ranaral nublic
,	'	described in <b>section 1</b>				oni a governine	ental unit of from the g	Jeneral public
8	$\sqcap$	A community trust de				tII)		
9		An organization that n					butions, membership	fees, and gross
		receipts from activitie						
		its support from gross						
		acquired by the organi						
10	Г	An organization organ						
11	Ē	An organization organ	· ·	•	· ·	· ·		out the purposes of
	•	one or more publicly s						
	_	the box in lines 11a th	_			_		
а	ı	Type I. A supporting of						
		supported organization organization				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	•					
С	ļ	Type III functionally	_		•		•	grated with, its
d	г	supported organization  Type III non-function						ianization(s) that is
u	'	not functionally integr						
		(see instructions) Yo	u must comple	te Part IV, Sections A	and D, and Par	t V.		
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally
f		integrated, or Type III						
		Enter the number of su Provide the following i						
g		Provide the following i	illorillation abt	out the supported orga	iiiiZatioii(S)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of
		organızatıon		organization	listed in your	governing	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above or IRC section (see				
				instructions))	ļ			
				<i>"</i>	Yes	No		
								I

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

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

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

Section D. Computation of Investment Income Percentage

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

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

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> 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.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

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		(optional)
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	<b>Discount</b> 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	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	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			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> 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>b</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)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> 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

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OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

	me of the organization OIT COLLEGE			loyer identific	ation numb	er
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Simila		0808497 Or Account	<b>s.</b> Comple	ete if the
	organization answered "Yes" to Form 99	90, Part IV, line 6.			·	
		(a) Donor advised funds	(	( <b>b)</b> Funds and	other acco	unts
•	Total number at end of year					1
	Aggregate value of contributions to (during year)					
,	Aggregate value of grants from (during year)					85,000
	Aggregate value at end of year					312,237
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<del>-</del>		sed	✓ Yes	☐ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit?				√ Yes	┌ No
Pai	rt III Conservation Easements. Complete	ıf the organization answered "Ye	s" to Form	າ 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	on or education)  Preservation o	of a certified	d historic stru	cture	
	easement on the last day of the tax year					
_	Total number of conservation easements		2-	Held at th	e End of the	e Year
a b	Total acreage restricted by conservation easements		2a 2b			
c	Number of conservation easements on a certified his		2b 2c			
d	Number of conservation easements included in (c) a historic structure listed in the National Register	• •	2d			
	Number of conservation easements modified, transfe	erred, released, extinguished, or termi	ınated by th	e organizatior	n during	
	the tax year ▶		,	- · · J · · · · · · · · · · · · · · · ·		
	Number of states where property subject to conserv					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		handling of	violations, an	□ <b>Yes</b>	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation e	asements d	uring the year	-	
	<b>-</b>					
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easem	nents during	the year		
	<b>▶</b> \$					
	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of	f section 17	'0(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's finar				
ar	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered			ner Similar	Assets.	
а	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, educat	ion, or rese	arch in furthei		
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	5 116 (ASC 958), to report in its reve sets held for public exhibition, educat	nue statem	ent and balan		olic
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	7	22,579
	If the organization received or held works of art, hist following amounts required to be reported under SFA					
а	Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$		
ь						
_	Assets included in Form 990, Part X			<b>-</b> 5		

Part	Organizations Maintaining Co	llections of Art,	, Histo	rical Tre	asures, or O	ther S	imilar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ched	k any of th	e following that a	re a sıg	nıfıcant use	of its
а	Public exhibition		d [	Loan or	exchange progr	ams		
b	Scholarly research		e [	Other				
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIII	ollections and explai	ın how t	hey further	the organization	's exem	pt purpose 11	า
5	During the year, did the organization solicit							
Dov	assets to be sold to raise funds rather than t IV							Yes V No
Fell	Part IV, line 9, or reported an ar					1 165	to Fulli 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ets not	Г	Yes No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	followin	g table	_			
					_		Am	ount
c	Beginning balance				-	1c		
d	Additions during the year				F	1d		
e	Distributions during the year				<u> </u>	1e		
f	Ending balance				_	1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or	custodial accour	nt liabili	ty? [	Yes No
ь	If "Yes," explain the arrangement in Part XI							<u> </u>
Pa	rt V Endowment Funds. Complete							/->F
1a	Beginning of year balance	(a)Current year 142,277,624		or year <b>b</b> 29,711,883	(c)Two years back 113,282,605		118,664,445	(e)Four years back 102,942,506
b	Contributions	7,116,112		6,825,933	2,651,213		2,774,411	4,474,866
c	Net investment earnings, gains, and losses				, ,			
_		11,644,597	:	13,941,212	19,722,487		-2,634,589	15,831,503
d	Grants or scholarships	1,428,798		1,338,607	1,307,842		1,206,005	1,238,397
e	Other expenditures for facilities and programs	5,112,917		6,862,797	4,636,580		4,315,657	3,346,033
т	Administrative expenses End of year balance	154,496,618	1/	12,277,624	129,711,883		113,282,605	118,664,445
g	,				<u> </u>		113,202,003	
2	Provide the estimated percentage of the cur	rent year end balanc 31 000 %	e (line	1g, column	(a)) held as			
а	Board designated or quasi-endowment	31 000 %						
b	Permanent endowment ► 55 000 %	0000						
C	remporarily restricted endowment	000 %						
<b>a</b> -	The percentages in lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation the	at are neid a	and administered	i for the		Yes No
	(i) unrelated organizations						3a(	i) No
	(ii) related organizations						3a(i	i) No
b	If "Yes" to 3a(II), are the related organization	•					3b	
4	Describe in Part XIII the intended uses of t						000 D-	ort TV / long
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne org	anization	answered res	to For	111 990, Pa	rt IV, iine
	Description of property			(a) Cost or ot asıs (ınvestm			) Accumulated depreciation	(d) Book value
1a	Land				1,593	,634		1,593,634
	Buildings		.		113,654		52,331,636	<del>                                     </del>
	Leasehold improvements		.		<u> </u>	,744	75,744	·
	Equipment		.		8,475	,679	6,404,092	2,071,587
	Other	<u> </u>	<u>.                                    </u>		11,732	,681	4,932,298	6,800,383
Tota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must 6</i>	equal Form 990, Part X	(, colum	n (B), lıne 1	0(c).)		🕨	71,788,625
							Schedule D	(Form 990) 2014

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of v Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests Other			
- Chief			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments—Program Related.		answered 'Yes' to Fo	orm 990, Part IV, line 11c
See Form 990, Part X, line 13.		1	
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>b</b>		
Part IX Other Assets. Complete if the organizat		, Part IV, line 11d See	Form 990, Part X, line 15
(a) Des	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. Complete if the or			line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value		
Federal income taxes			
STUDENT DEPOSITS	477,527		
FUNDS HELD FOR OTHERS	311,205		
ANNUITIES PAYABLE	3,881,274		
INTEREST RATE EXCHANGE LIABILITY	8,196,076		
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 12,866,082		
2. Liability for uncertain tax positions. In Part XIII, prov		ne organization's financia	al statements that reports the

<b>rn</b> Complete If	ci itett		2a.	Part IV, IIIIE	the organization answered 'Yes' to Form 9	Part
58,618,256	1			ıal statements	Total revenue, gains, and other support per audited fir	
				I, line 12	Amounts included on line 1 but not on Form 990, Part	2
		-514,603	2a	•	Net unrealized gains (losses) on investments	а
			2b		Donated services and use of facilities	b
			2c		Recoveries of prior year grants	c
		-29,895,046	2d		Other (Describe in Part XIII )	d
-30,409,649	2e				Add lines 2a through 2d	e
89,027,905	3	[			Subtract line <b>2e</b> from line <b>1</b>	3
				t on line <b>1</b>	Amounts included on Form 990, Part VIII, line 12, bu	ŀ
		108,279	4a	I, line 7b .	Investment expenses not included on Form 990, Part	а
			4b		Other (Describe in Part XIII )	b
108,279	4c				Add lines 4a and 4b	c
	5			990, Part I, lıı	Total revenue Add lines 3 and 4c. (This must equal Fo	
turn. Complete	per Re	ents With Expenses	temer 12a.	990, Part I, lii <b>Financial S</b> 0, Part IV, li	Reconciliation of Expenses per Audit if the organization answered 'Yes' to Form	art
turn. Complete	•	ents With Expenses	temer 12a.	990, Part I, lii Financial S 0, Part IV, li	Reconciliation of Expenses per Audit if the organization answered 'Yes' to Form Total expenses and losses per audited financial states	Part
turn. Complete	per Re	ents With Expenses	temer 12a. 	990, Part I, III Financial S 0, Part IV, II ts	Reconciliation of Expenses per Audit if the organization answered 'Yes' to Form Total expenses and losses per audited financial state.  Amounts included on line 1 but not on Form 990, Part	Part
turn. Complete	per Re	ents With Expenses	12a. 	990, Part I, III Financial S O, Part IV, II ts . Iline 25	Reconciliation of Expenses per Audit  if the organization answered 'Yes' to Form  Total expenses and losses per audited financial states  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities	Part
turn. Complete	per Re	ents With Expenses	12a. 	990, Part I, III Financial S 0, Part IV, II ts . IIIne 25	Reconciliation of Expenses per Audit if the organization answered 'Yes' to Form Total expenses and losses per audited financial states Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities	Part
turn. Complete	per Re	ents With Expenses	2a 2b 2c	990, Part I, III Financial S 0, Part IV, II ts IIne 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments	art a b
<b>turn.</b> Complete 50,017,866	per Re	ents With Expenses	2a 2b 2c 2d	990, Part I, III Financial S 0, Part IV, II ts . Iline 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses	art a b c
turn. Complete 50,017,866 20,324	per Re	20,324	2a 2b 2c 2d	990, Part I, III Financial S 0, Part IV, III ts IIIne 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Add lines 2a through 2d	art a b c d
turn. Complete 50,017,866 20,324	per Re	20,324	2a 2b 2c 2d	990, Part I, III Financial S 0, Part IV, II ts	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Add lines 2a through 2d  Subtract line 2e from line 1	a b c d e
turn. Complete 50,017,866 20,324	per Re	20,324	2a 2b 2c 2d	990, Part I, lii Financial S 0, Part IV, li ts . line 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states.  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Add lines 2a through 2d  Subtract line 2e from line 1	a b c d e
turn. Complete 50,017,866 20,324	per Re	20,324 	2a 2b 2c 2d	P90, Part I, III Financial S 0, Part IV, III ts . Iline 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states.  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but r  Investment expenses not included on Form 990, Part	Part  a b c d e
20,324 49,997,542	per Re	20,324 	2a 2b 2c 2d	990, Part I, lii Financial S 0, Part IV, li ts . line 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states.  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Amounts included on Form 990, Part IX, line 25, but r  Investment expenses not included on Form 990, Part  Other (Describe in Part XIII )	a b c d e b
89,136,184  turn. Complete 50,017,866  20,324 49,997,542  27,198,076 77,195,618	per Re	20,324 	2a 2b 2c 2d	990, Part I, lii Financial S 0, Part IV, li ts . line 25	Reconciliation of Expenses per Audit  If the organization answered 'Yes' to Form  Total expenses and losses per audited financial states.  Amounts included on line 1 but not on Form 990, Part  Donated services and use of facilities  Prior year adjustments  Other losses  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but r  Investment expenses not included on Form 990, Part	Part  a b c d e

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

Return Reference	Explanation
PART III, LINE 4	THE COLLEGE MAINTAINS AN ANTHROPOLOGICAL MUSEUM AND AN ART MUSEUM THE COLLECTIONS ARE DISPLAYED FOR PUBLIC VIEWING HOWEVER, SPACE LIMITATIONS REQUIRE THAT ONLY PORTIONS OF THE COLLECTION ARE DISPLAYED AT A GIVEN TIME THE COLLECTIONS AND THEIR PRESERVATION ARE USED IN THE CLASSROOM SETTING FOR INSTRUCTIONAL PURPOSES IN AREAS OF STUDY SUCH AS ANTHROPOLOGY, ART AND MUSEUM STUDIES
PART V, LINE 4	THE PURPOSE OF THE COLLEGE'S ENDOWMENT FUND IS TO PROVIDE A CONTINUOUS SOURCE OF FUNDING TO SUPPORT THE MISSION OF THE INSTITUTION ENDOWMENT FUND EXPENDITURES PROVIDE FUNDING FOR SCHOLARSHIPS, FACULTY SALARIES, LIBRARY RESOURCES, AND OTHER PROGRAM ACTIVITIES
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS ALSO EXEMPT FROM STATE INCOME TAX HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNCERTAIN TAX POSITIONS AS OF MAY 31, 2015 AND 2014 THE COLLEGE'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE US AND STATE TAXING AUTHORITIES ARE FOR THE YEARS 2012 TO 2014, WHICH STATUTES EXPIRE IN 2015 TO 2017, RESPECTIVELY
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID -27,089,797 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,483,060 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 42,429 SPECIAL EVENTS EXPENSE 20,324 INTEREST RATE SWAP LOSS -1,384,942
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 20,324
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID 27,089,797

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

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493109012106

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE E** 

# **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

Name of the organization **Employer identification number** BELOIT COLLEGE 39-0808497 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No\_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a h Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	BELOIT COLLEGE IS A FOUR YEAR PRIVATE LIBERAL ARTS INSTITUTION THAT DRAWS STUDENTS NOT ONLY NATION WIDE BUT WORLD WIDE MATERIALS USED IN PROMOTIONAL ACTIVITIES AND RECRUITING EFFORTS INCLUDE STATEMENTS THAT BELOIT COLLEGE DOES NOT DISCRIMINATE AGAINST STUDENTS, APPLICANTS FOR ADMISSION, APPLICANTS FOR FINANCIAL ASSISTANCE, APPLICANTS FOR EMPLOY MENT, OR EMPLOY EES ON THE BASIS OF SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEXUAL ORIENTATION, OR PHY SICAL OR MENTAL DISABILITIES UNRELATED TO INSTITUTIONAL JOBS, PROGRAMS, OR ACTIVITIES
SCHEDULE E, PART I, LINE 6	BELOIT COLLEGE DID RECEIVE FEDERAL FUNDS, WHICH WERE USED FOR STUDENT PROGRAMS/ENTITLEMENTS SUCH AS PELL GRANTS, SEOG GRANTS, AND WORKSTUDY PROGRAMS

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493109012106

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

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

► Attach to Form 990.

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

Open to Public **Inspection** 

lame of	the organization
BELOIT	COLLEGE

(a) Region

**Employer identification number** 

39-0808497

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria 

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	for and investments in region
(1) SOUTH AMERICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	74,330
(2) EUROPE/ICELAND/GREENLAND	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	310,503
(3) SUB-SAHARAN AFRICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	13,167
(4) MIDDLE EAST AND NORTH AFRICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	7,700
(5) EAST ASIA AND THE PACIFIC	0	0	EDUCATIONAL SERVICES, ABROAD STUDENT SUPPORT	PROGRAM SERVICES	86,415
<b>3a</b> Sub-total	0	0			492,115
<b>b</b> Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			492,115

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total expenditures

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 b	Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	SOUTH AMERICA	13	167,405	SEE PART VI			
(2) SCHOLARSHIP	EUROPE/ICELAND/ GREENLAND	64	877,315	SEE PART VI			
(3) SCHOLARSHIP	RUSSIA	8	98,201	SEE PART VI			
(4) SCHOLARSHIP	SUB-SAHARAN AFRICA	5	71,860	SEE PART VI			
(5) SCHOLARSHIP	MIDDLE EAST / NORTH AFRICA	11		SEE PART VI			
(6) SCHOLARSHIP	EAST ASIA / PACIFIC	23	309,991	SEE PART VI			
(7) SCHOLARSHIP	SOUTH ASIA	4	37,412	SEE PART VI			
(8) SCHOLARSHIP	CENT AMERICA / CARIBBEAN	2	37,280	SEE PART VI			
(9)							
(10)							
(11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							
		<u> </u>		•			

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<b>▽</b>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	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)	Г	Yes	F	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)	Г	Yes	[~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

### Part V Supplemental Information

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

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
· '	IN CASES WHERE FUNDS ARE SPENT AWAY FROM CAMPUS, APPROPRIATE DOCUMENTATION IS REQUIRED TO BE SUBMITTED AND APPROVED TO SUBSTANTIATE THE EXPENSE

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III, COLUMN (E)	GRANT FUNDS AWARDED IN THE FORM OF STUDENT FINANCIAL ASSISTANCE IS CREDITED TO THEIR TUITI ON ACCOUNT TO ASSIST IN COVERING THE COST OF TUITION

DLN: 93493109012106

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE G** 

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

**Inspection** 

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

Name of the organization BELOIT COLLEGE

**Employer identification number** 

39-0808497

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

1	Ind	icate whether the organization raised funds through any of	the	follo	wing activities Check all that apply			
а		Mail solicitations	e	~	Solicitation of non-government grants			
b	굣	Internet and email solicitations	f	~	Solicitation of government grants			
c	굣	Phone solicitations	g	~	Special fundraising events			
d	굣	In-person solicitations						
2a		the organization have a written or oral agreement with any key employees listed in Form 990, Part VII) or entity in col				Ves	г	N

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1025 KIRKWOOD PKWY SW	CONSULTATION ON PHONATHON		No	470,925	141,000	329,925
CEDAR RAPIDS, IA 52404						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>	470,925	141,000	329,925
l 🕳						

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC,

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1  BUC OPEN (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	22,566			22,566
.vell	2	Less Contributions	14,440			14,440
	3	Gross income (line 1 minus line 2)	8,126			8,126
	4	Cash prizes				
Part	5	Noncash prizes	63:	3		633
nse	6	Rent/facility costs	3,900			3,900
<u>8</u> 8	7	Food and beverages .	4,79:	1		4,791
	8	Entertainment				
ă	9	Other direct expenses .	11,000	0		11,000
	10	Direct expense summary Add lin	es 4 through 9 in column	n(d)		(20,324)
	11	Net income summary Subtract li				-12,198
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii	ganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	<ul><li>✓ Yes</li></ul>	┌ Yes %	│ Yes	_
		Direct expense summary Add lines  Net gaming income summary Subt			<b>.</b>	
9 a b	Ent Is t	er the state(s) in which the organization licensed to conduct	ation conducts gaming ac t gaming activities in eac	tivities h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Sch	edule G (Form 990 or 990-EZ) 2014 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activities conducted in
а	The organization's facility
ь	An outside facility
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name 🕨
	Address ►
45-	
.Sa	Does the organization have a contract with a third party from whom the organization receives gaming
L	revenue?
D	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the
	amount of gaming revenue retained by the third party 🟲 \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ▶
.6	Gaming manager information
	Name 🟲
	Gaming manager compensation ► \$
	Description of services provided 🟲
	Director/officer Employee Independent contractor
	Mandatory distributions
7	
.7 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
.7 a b	

instructions).

Return Reference	Explanation
CHEDULE G, PART I, LINE 2	ADDRESS OF FUNDRAISER 1025 KIRKWOOD PKWY SW, CEDAR RAPIDS, IA 52404

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493109012106 Schedule I OMB No 1545-0047 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 BELOIT COLLEGE 39-0808497 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 grant cash orassistance 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT FINANCIAL ASSISTANCE	1247	25,378,724	0		

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										
,	GRANTS ARE AWARDED IN THE FORM OF FINANCIAL ASSISTANCE TO WARDS THE PAYMENT OF TUITION AND FEES IN WHICH CASE THE GRANT AMOUNTS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT OTHER GRANTS ARE AWARDED FOR VARIOUS REASONS TO STUDENTS, FACULTY AND STAFF FOR EDUCATIONAL OR WORK RELATED ACTIVITIES IN THESE CASES EXPENSE VERIFICATION IS REQUIRED IN THE FORM OF RECEIPTS AND OTHER APPROPRIATE DOCUMENTATION										

Schedule I (Form 990) 2014

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#### DLN: 93493109012106

## 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 BELOIT COLLEGE

**Employer identification number** 

39-0808497 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee  $\overline{\mathbf{v}}$ Written employment contract Independent compensation consultant 굣 Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

### 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	$\Box$	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 DR ANN DAVIES, PROVOST & DEAN OF THE COLLEGE	(i)	166,396	0	0	16,591	15,650	198,637	0
	(ii)	0	0	0	0	0	0	0
2 DR CHRISTINA	(i)	133,571	0	0	13,087	9,994	156,652	0
KLAWITTER, DEAN OF STUDENTS	(ii)	0	0	0	0	0	0	0
3 DR H SCOTT BIERMAN, PRESIDENT	(i)	396,472	40,170	5,000	25,500	25,032	492,174	0
	(ii)	0	0	0	0	0	0	0
4 MR R JEFF PUCKETT, VP EXTERNAL AFFAIRS	(i)	233,839	0	0	24,002	23,183	281,024	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> MS LAURIE STICKELMAIER, VP FINANCE	(i)	204,029	0	0	21,176	20,637	245,842	0
& PLANNING/TREASURER	(ii)	0	0	0	0	0	0	0
6 MS LORI RHEAD, VP HR & OPERATIONS	(i)	124,688	0	0	13,087	19,330	157,105	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
7 MR ROBERT MIRABILE, VP ENROLLMENT	(i)	137,420	0	0	6,523	16,423	160,366	0
ENROLLIMENT	(ii)	0	0	0	0	0	0	0
8 MS BETH MONTIERO, EXEC DIR DEV OPER & GIFT	(i)	142,406	0	0	14,887	21,538	178,831	0
PLANNING	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Also complete this part for any additional information

A130 complete this part for any addition	
Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - SPOUSAL TRAVEL IS PAID FOR BY THE COLLEGE WHEN THE SPOUSE ASSISTS THE BELOIT COLLEGE EMPLOYEE WITH THE COLLEGE BUSINESS ACTIVITIES IN PERFORMING SPECIFIC DUTIES THE ONLY SUCH SPOUSAL TRAVEL PAID FOR BY THE COLLEGE WAS THAT OF THE PRESIDENT'S SPOUSE ALL EXPENDITURES MADE BY THE COLLEGE FOR TRAVEL OF THE SPOUSE WERE ATTRIBUTABLE TO SPECIFIC DUTIES IN THE FURTHERANCE OF THE MISSION OF THE COLLEGE HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE - AS A CONDITION OF EMPLOYMENT, THE PRESIDENT OF BELOIT COLLEGE IS REQUIRED TO RESIDE IN THE PRESIDENT'S HOUSE THE PRESIDENT'S HOUSE SERVES BOTH AS A PERSONAL RESIDENCE AS WELL AS A VENUE FOR THE CARRYING ON OF COLLEGE BUSINESS REGULARLY THE COLLEGE HAS DETERMINED THAT THE VALUE OF THE USE OF THIS PERSONAL RESIDENCE IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT AS PROVIDED FOR IN INTERNAL REVENUE CODE SECTION 119 CONSISTENT WITH THE USE OF THE RESIDENCE AS A VENUE FOR COLLEGE BUSINESS, A PART-TIME HOUSEKEEPER IS ASSIGNED TO CLEAN UP AND ASSISTANCE WITH SUCH USE

Schedule J (Form 990) 2014

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DLN: 93493109012106

2014

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

## **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.

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

	ernal Revenue Service	<b>►</b> Informatio	n about Schedule K	( (Form 990) and its	instructions	s is at <u>wi</u>	ww.i	.irs.gov/form	<u>1990</u> .				Inspec		
	ne of the organization LOIT COLLEGE									Emp	oloyer id	lentifica	ation num	nber	
										39	-08084	97			
Р	art I Bond Issues	T	T							1		·			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	<b>(f)</b> Descriptio	n of purpose	( <b>g)</b> De	feased				Pool ancing
						l						ıssuer			
_							<del> </del>	Yes			No	Yes	No	Yes	No
A	WISC HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97710BTF9	04-28-2010	28,3	94,743	REF BON		2007 SERIES	X		×			X
В	WISC HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	NONEAVAIL	05-09-2014	29,7			RRENT REFU SUED APRIL 2			х		X		X
Pa	Proceeds				I.										
Ì						A		В			С			D	
1_	A mount of bonds retired						$\longrightarrow$	<u> </u>	150,000						
	A mount of bonds legally defeas	sed 					$\longrightarrow$	<u> </u>					<u> </u>		
3	Total proceeds of issue					28,394,	,743	2	29,775,500				<u> </u>		
4	Gross proceeds in reserve fund							<u> </u>							
5	Capitalized interest from proce														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds				400,960 75,500										
8	Credit enhancement from proce														
9	Working capital expenditures fi	rom proceeds											<u> </u>		
10	Capital expenditures from proc	:eeds				1,983,	,783	}					<u> </u>		
11	Other spent proceeds					26,010,	,000	2	29,700,000						
12	Other unspent proceeds														
13	Year of substantial completion				20	10		201	L 4						
					Yes	No		Yes	No	Yes	N	ło	Yes	$\perp$	No
14	Were the bonds issued as part	of a current refundir	ng issue?		X	<u> </u>		X							
15	Were the bonds issued as part	of an advance refun	iding issue?			×			Х						
16	Has the final allocation of proc	eeds been made?			Х			Х							
17	Does the organization maintair allocation of proceeds?	າ adequate books ar	nd records to suppo	ort the final	Х			×							
Pa	Private Business U	se						<u> </u>							
						Α	$\dashv$	B			C	_		D	
	N/ th			C	Yes	No	$\dashv$	Yes	No	Yes	<u> </u>	lo	Yes	$-\!\!\!+\!\!\!\!-$	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Sche	dule K (Form 990) 2014									Page <b>2</b>
Par	Private Business Use (Continued)								•	
				Α	B			C		D
2-	Are there any management or service contracts that may result in private	hueinase usal	Yes	No	Yes	No	Yes	No	Yes	No
За	of bond-financed property?	business use		Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
с	Are there any research agreements that may result in private business us financed property?	e of bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			•				<b>'</b>		•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property t nongovernmental person other than a 501(c)(3) organization since the bor issued?			х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		•				<b>,</b>		_
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х		Х				
Pai	t IV Arbitrage							<b>.</b>	<u>'</u>	•
		А			В		С		D	
		Yes	No	Yes	No	\	res es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		Х					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	X		X						
b	Exception to rebate?		Х		X					
С	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
<u>ь</u>	Name of provider			CHASE B	ANK					
С	Term of hedge			22 06	30000000	0				
d	Was the hedge superintegrated?				Х					
е	Was the hedge terminated?				Х					

Par	t IV Arbitrage (Continuea)								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X				
b	Name of provider								
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?		Х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	x		х					

## Part V Procedures To Undertake Corrective Action

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

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

Schedule K (Form 990) 2014

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OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

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

Open to Public Inspection

Complete	Benefit Trar	ion answere	ed "Yes" o Relationsh		Part IV, line		(c)(29 or Form	) orgaı 990-	EZ, Part	V, line	(d) Cor	rected	
Complete	e if the organizat	ion answere	ed "Yes" o Relationsh	n Form 990, up between d	Part IV, line	25a or 25b, c	r Form	990-	EZ, Part	V, line	(d) Cor	rected	
			Relationsh	ııp between c	disqualified						(d) Cor	rected	
(a) Name of	disqualified per	son (b) F		•		(c) Desc	ription	or tra	nsaction	'  -	<del>`                                    </del>	rected	
			person	ana organiza								(d) Corrected	
		I									Yes	No	
4958	unt of tax incurr · · · · unt of tax, if any						he year	unde • •	rsectior * \$  * \$				
mplete if the or ported an amour	Is to and/or From Interest  Iete if the organization answered "Yed an amount on Form 990, Part X  Inne of (b) Relationship (c)  Ested with organization Purpos		on Form 9 5, 6, or 2 <b>(d)</b> Loan	90-EZ, Part 2 1 to the	(e)Original principal amount	( <b>f)</b> Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?		
			То	From	┪			Yes	No	Yes	No	Yes	No

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	<b>(c)</b> A mount of transaction		(e) Sha of organiz revenu <b>Yes</b>	ation's		
(1) DIANE HENDRICKS	TRUSTEE	299,149	SEE PART V		No		

	Part V Supplemental Information  Provide additional information for responses to questions on Schedule L (see instructions)				
Return Reference	Explanation				
	CORPORATE CONTRACTORS INC (CCI) RECEIVED \$299,148 98 FOR CONSTRUCTION PROJECTS ON CAMPUS (CCI) IS OWNED BY HENDRICKS HOLDINGS WHICH IS OWNED BY DIANE HENDRICKS				

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493109012106

OMB No 1545-0047

Inspection

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

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

Department of the Treasury Internal Revenue Service

**Employer identification number** 

Nan	ne of the organization IT COLLEGE				Employer identification number	
DLLO	TI COLLEGE				39-0808497	
Pa	art I Types of Property					_
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII line 1 g	n noncash contribution amounts	
1	Art—Works of art	Х	9	-	NO VALUE ASSIGNED	_
2	Art—Historical treasures .					_
3	Art—Fractional interests					_
4	Books and publications	Х			NO VALUE ASSIGNED	
5	Clothing and household goods					_
6	Cars and other vehicles					_
7	Boats and planes					_
8	Intellectual property					_
9	Securities—Publicly traded .	Х	30	1,605,7	97 COST OR MARKET	_
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles	Х			NO VALUE ASSIGNED	
19	Food inventory	Х	1		NO VALUE ASSIGNED	_
20	Drugs and medical supplies .					_
21	Taxıdermy					
22	Historical artifacts					_
23	Scientific specimens					_
24	Archeological artifacts	Х	9		NO VALUE ASSIGNED	_
	Other►( MPUTER SOFTWARE)	X	0		OOTHER	_
26	O ther ▶()					_
27	O ther ▶()					_
28	O ther ▶ ()					_
29	Number of Forms 8283 received by the for which the organization completed to the completed to the complete of				29	_
	Dummakha u 1111				Yes No	_
30a	During the year, did the organization					
	it must hold for at least three years f					
	for exempt purposes for the entire ho		17		· · · · · 30a No	_
t	If "Yes," describe the arrangement in	n Part II				
31	Does the organization have a gift acc					_
328	Does the organization hire or use this contributions?				noncash 32a Yes	_
	If "Yes," describe in Part II If the organization did not report an a describe in Part II	amount in co	olumn (c) for a type of prop	erty for which column (	(a) is checked,	

	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
, and the second	THE COLLEGE, AS A MATTER OF ACCOUNTING POLICY, DOES NOT RECORD REVENUE FOR WORKS OF ART ADDED TO ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116 FURTHERMORE, ITEMS USED AS PROPS IN THE COLLEGE'S THEATER PROGRAM AND USED BOOKS DONATED TO THE COLLEGE'S LIBRARY ARE NOT REPORTED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES

Schedule M (Form 990) (2014)

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DLN: 93493109012106

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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 BELOIT COLLEGE	Employer identification number
	39-0808497

Return Reference	Explanation
FORM 990,	BELOIT COLLEGE ENGAGES THE INTELLIGENCE, IMAGINATION, AND CURIOSITY OF ITS STUDENTS, EMPOWERING THEM TO
PART III, LINE	LEAD FULFILLING LIVES MARKED BY HIGH ACHIEVEMENT, PERSONAL RESPONSIBILITY, AND PUBLIC CONTRIBUTION IN A
1	DIVERSE SOCIETY OUR EMPHASIS ON INTERNATIONAL AND INTERDISCIPLINARY PERSPECTIVES, THE INTEGRATION OF
	KNOWLEDGE WITH EXPERIENCE, AND CLOSE COLLABORATION AMONG PEERS, PROFESSORS, AND STAFF EQUIPS OUR
	STUDENTS TO APPROACH THE COMPLEX PROBLEMS OF THE WORLD ETHICALLY AND THOUGHTFULLY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BELOIT COLLEGE BOARD OF TRUSTEES ACTS AS THE COMPENSATION COMMITTEE. THERE ARE 5 MEMBERS OF THIS COMMITTEE, THE CHAIR OF THE BOARD, THE CHAIR OF THE BUDGET COMMITTEE, AND 4 MEMBERS ELECTED FROM THE FULL BOARD. THE PROCESS USED TO DETERMINE THE COMPENSATION OF THE PRESIDENT AND TO REVIEW THE COMPENSATION OF THE OFFICERS OF THE COLLEGE IS DETAILED BELOW. 1 MARKET DATA FROM COMPENSATION SURVEYS OF MEMBER COLLEGES OF THE ASSOCIATED COLLEGES OF THE MIDWEST/GREAT LAKES COLLEGES ASSOCIATION (ACMIGLCA), MEMBER COLLEGES OF THE WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (WAICU), AND TWENTY COMPARATIVE NATIONAL RESIDENTIAL LIBERAL ARTS COLLEGES BELOIT USES FOR A VARIETY OF PURPOSES ARE USED TO COMPARE THE SALARIES, BENEFITS AND OTHER PERQUISITES OF THE PRESIDENT AND OFFICERS OF THE COLLEGE 2. THE EXECUTIVE COMMITTEE USES THE MARKET DATA AS PART OF THEIR DECISION PROCESS. PRIOR TO THE SPRING BOARD OF TRUSTEE MEETING THE EXECUTIVE COMMITTEE IS ALSO PROVIDED WITH AN ANNUAL REPORT AND REFLECTION ON THE PREVIOUS YEAR AUTHORED BY THE PRESIDENT. THIS IS DISCUSSED BY THE EXECUTIVE COMMITTEE WITH THE PRESIDENT AND IN EXECUTIVE SESSION AT THEIR SPRING MEETING. FOLLOWING THIS DISCUSSION, THE EXECUTIVE COMMITTEE WITH THE PRESIDENT AND IN EXECUTIVE SESSION AT THEIR SPRING MEETING. FOLLOWING THIS DISCUSSION, THE EXECUTIVE COMMITTEE DECIDES ON A COMPENSATION PROPOSAL TO BRING TO THE FULL BOARD 3 THE EXECUTIVE COMMITTEE TAKES THEIR RECOMMENDATION REGARDING. THE PRESIDENT'S COMPENSATION FOR REVIEW AND CONSIDERATION TO THE FULL BOARD ALSO AT THE SPRING BOARD OF TRUSTEE MEETING AT THIS MEETING, THE EXECUTIVE COMMITTEE SUMMARIZES THE PRESIDENT'S ANNUAL REPORT, THEIR OWN DELIBERATIONS, AND THE ARGUMENT FOR THE COMPENSATION PRECAMENTS THE DECISION FOR THE NEXT FISCAL YEAR.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	BELOIT COLLEGE'S FORM 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM A DRAFT OF THE FORM 990 WAS PROVIDED ELECTRONICALLY TO THE BOARD OF TRUSTEES AUDIT COMMITTEE FOR REVIEW AT THE APRIL AUDIT COMMITTEE MEETING THE APRIL MEETING AGENDA INCLUDED DISCUSSION OF QUESTIONS OR CONCERNS REGARDING THE INFORMATION CONTAINED IN THE FORM 990 ONCE ALL ISSUES AND QUESTIONS REGARDING THE RETURN WERE RESOLVED, THE FORM 990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES AN UPDATED VERSION WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE AUDIT COMMITTEE FOR ADDITIONAL MATTERS TO BE ADDRESSED AND RESOLVED THE FINALIZED VERSION OF FORM 990 WAS FILED WITH THE IRS ON OR BEFORE APRIL 15TH FILING DEADLINE TO RESPECT THE WISHES OF CERTAIN DONORS TO REMAIN ANONY MOUS, WE HAVE CHOSEN NOT TO PROVIDE A FULL DISCLOSURE COPY OF THE 990 TO THE FULL GOVERNING BOARD OF BELOIT COLLEGE THE BOARD DOES, HOWEVER, RECEIVE A FULL REPORT LESS THE DONOR NAMES AND ADDRESSES TO REVIEW A FULL DISCLOSURE COPY, WITH ALL DONOR INFORMATION, WILL BE FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST DOCUMENTS ANNUALLY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE PARTICIPATES ANNUALLY IN AN OFFICER COMPENSATION SURVEY CONDUCTED BY THE WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (WAICU), AND AN ANNUAL ADMINISTRATIVE SALARY SURVEY CONDUCTED BY THE ASSOCIATED COLLEGES OF THE MIDWEST (ACM) WITH BI-ANNUAL INCLUSION OF THE GREAT LAKES COLLEGE ASSN (GLCA) THE SURVEYS ARE REVIEWED AS A PART OF THE PROCESS FOR DETERMINING ENCUMBENT SALARY INCREASES ANNUALLY ADDITIONALLY, THE SURVEYS AND INDEPENDENT COMPARABILITY DATA FROM THE WAICU AND ACWIGLCA SCHOOLS WERE UTILIZED TO DETERMINE COMPENSATION FOR HIRING EXECUTIVES, OFFICERS AND KEY STAFF TO FILL VACANCIES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEB SITE. OTHER DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -1,483,060 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 42,429 INTEREST RATE SWAP LOSS -1,384,942