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DLN: 93493130019966

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca		ning 07-01-2014 , and ending	06-30-2015				
B Ch	eck if	applicable	C Name of organization Babson College				D Emplo	yer ide	ntification number
☐ Ad	dress o	change	% RICHARD BOWMAN				04-2	10354	4
Г№	me ch	ange	Doing business as						
┌ Inr	tial ret	urn					E Toloph	ono num	phor
_ Fir			Number and street (or P O box 231 Forest Street	ıf maıl ıs not delivered to street addre	ss) Room/suite	9	E Teleph	one nun	ibei
		rminated	231 Forest Street				(781	239-5	5298
_		l return	Babson Park, MA 024570310	country, and ZIP or foreign postal code	e		G Gross	receipts	\$ 301,726,561
J Ap	plicatio	on pending						<u>'</u>	, ,
			F Name and address of	principal officer		H(a) Is the			
			KERRY HEALEY 231 FOREST STREET			subo	rdinates?	•	┌ Yes 🗸 No
			BABSON PARK, MA 024	57		H(b) Are a	II subord	ınates	┌ Yes ┌ No
						ınclu	ded?		
I Ta	ıx-exe	mpt status	▼ 501(c)(3)	◀ (insert no)	527	If "N	o," attacl	n a list	(see instructions)
J W	ebsit	t e:► WV	VW BABSON EDU			H(c) Grou	ıp exemp	tion nu	mber ►
K For	m of o	organization	Corporation Trust Associ	ation Other ►	•	L Year of fo	rmation 1	919 M	State of legal domicile MA
Pa	rt I	Sum	ımary			•		•	
	1	Briefly d	escribe the organization's mis	ssion or most significant activit	ies				
		SEE ŚC	HEDULE O						
3									
ē.	2	Check t	his box 🕶 if the organization	discontinued its operations or	disposed of	more than 2	5% of its	net as	ssets
Governance			,		,				
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)				3	37
e S	4	Number	of independent voting membe	rs of the governing body (Part \	VI, line 1b)			4	32
員	5	Total nu	mber of individuals employed	ın calendar year 2014 (Part V,	, line 2a) .			5	2,286
Activities &	6	Total nu	mber of volunteers (estimate	ıfnecessary)				6	2,504
٠.	7a	Total un	related business revenue fron	n Part VIII, column (C), line 12	2			7a	1,724,256
	Ь	Net unre	elated business taxable incom	ne from Form 990-T, line 34 .				7b	1,040,698
						Prio	r Year		Current Year
	8	Contr	ibutions and grants (Part VIII	, line 1h)			20,810,	199	17,512,072
를	9	Progra	am service revenue (Part VII)	[, line 2g)		1	196,225,		202,200,650
Revenue	10	Inves	tment income (Part VIII, colu	ımn (A), lines 3, 4, and 7d) .			9,429,	.009	10,133,016
ř	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	d 11e)		2,632,	.752	2,690,214
	12			11 (must equal Part VIII, colu				0.4.7	222 525 052
	 					<u> </u>	229,097,		232,535,952
	13			art IX, column (A), lines 1-3)			36,030		36,639,751
	14			rt IX, column (A), line 4)				0	0
ø	15	Saları 5–10		oyee benefits (Part IX, column	(A), lines	1	102,354,	.314	107,685,411
Expenses	16a		<i>,</i>	IX, column (A), line 11e)				0	0
<u> </u>			undraising expenses (Part IX, column						
Д	b								
	17			A), lines 11a-11d, 11f-24e) .			75,466	— t	76,282,704
	18		·	must equal Part IX, column (A)	-		213,850,		220,607,866
	19	Rever	nue less expenses Subtract li	ne 18 from line 12		1	15,247		11,928,086
Net Assets or Fund Balances						Beginning Y	g of Curre ear	ent	End of Year
See See	20	Total	accets (Part V line 16)				576,615,	266	600,473,682
4. A.	21						L85,067,		188,432,813
25 25	22			act line 21 from line 20			391,548,		412,040,869
	1211		nature Block	ictime 21 nom me 20	· · ·		771,540,	.005	412,040,009
				examined this return, including	Laccompany	ına schedule	s and st	ataman	ts and to the hest of
my k	nowle	edge and		complete Declaration of prepar					
		TK				20)16-05-06		
Sigr	1	Sign	ature of officer				ate		
Her		▲ KATI	HERINE CRAVEN CHIEF ADMIN OFFI	CER					
		Туре	e or print name and title						
			Print/Type preparer's name ERIN COUTURE	Preparer's signature ERIN COUTURE	Dat	I CIIC	ck 🗀 ıf	PTIN P0139	0592
Pai	d	⊢	Firm's name FricewaterhouseCo				-employed n's EIN 🟲	1,0139	V3.72
Pre	par	er		•					
Use	-		Firm's address ► 101 SEAPORT BOUL	EVARD		Pho	ne no (61	7) 530-5	000
		-	Boston, MA 02210						

Par	t III	Statement of Program Se	ervice Accomp	lishments		
		Check if Schedule O contains a	response or note to		III	<u>.</u>
1	Briefly	y describe the organization's mis	sion			
		OLLEGE EDUCATES MEN AND N HEM, IDENTIFY OPPORTUNITI				
PKE	PARE II	HEM, IDENTIFY OPPORTUNITS	LES, AND INTITAL	E ACTIONS THAT R	ESULT IN GENUINE ACCOM	LISUMENI
2	the pri	e organization undertake any sig or Form 990 or 990-EZ?				
		s," describe these new services				
3	service	e organization cease conducting es?		t changes in how it co	onducts, any program	
	If "Yes	s," describe these changes on So	chedule O			
4	expens	be the organization's program se ses Section 501(c)(3) and 501(al expenses, and revenue, if any	(c)(4) organizations	are required to repo		
4a	(Code) (Expenses \$	190,327,295	ıncludıng grants of \$	36,639,751) (Revenue \$	202,200,650)
	WORLE UNDER THROL	N COLLEGE ENROLLS APPROXIMATELY 2 DWIDE THE COLLEGE OFFERS EDUCATI RGRADUATE PROGRAM THE COLLEGE A JGH THE F W OLIN GRADUATE SCHOOL COMPANIES REACH THEIR STRATEGIC G	ON IN BUSINESS AND L LSO GRANTS MASTER O OF BUSINESS AT BABSO	IBERAL ARTS, AND IT GRA OF BUSINESS ADMINISTRA	ANTS THE BACHELOR OF SCIENCE DEC TION DEGREES AND CUSTOM MASTER	GREE THROUGH ITS OF SCIENCE DEGREES
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
40) (Expenses a		including grants or \$) (Revenue p	,
4d		r program services (Describe in	Schedule O) Including grants of) (Revenue \$)
4e		program service expenses 🕨	190,327,295		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Fire States of the states of				

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^{22}	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^{\bullet}	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		N o
	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		N o
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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 426		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 426 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			
Ĭ	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 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?	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		
	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		
	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.
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		Νo
y	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
1	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)			
.2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 ₁₂₋		NI A
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

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														. \to
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Se	ection 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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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		No
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)			
16-				
TOa	Did the organization invest in, contribute assets to, or participate in a joint venture of similar arrangement with a			
	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_
	taxable entity during the year?	16a		No
	taxable entity during the year?	16a 16b		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►RICHARD BOWMAN 231 FOREST STREET

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

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

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

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

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

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

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

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 l	ne l both	box, an d	officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual 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	•			
d	Total (add lines 1b and 1c)	►	7,036,400	0	849,965

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►241

	_		Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	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		N o

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
CONNELLY PARTNERS LLC, 46 WALTHAM STREET BOSTON, MA 02118	ADVERTISING	2,439,928
FIFTY EGGS INC, 231 FOREST ST WOODLAND HILL-BLDG 4 BABSON PARK, MA 02457	CONSULTANT	435,228
SIGNATURE PRINTING CONSULTING, 800 WEST CUMMINGS PARK SUITE 2900 WOBURN, MA 01801	PRINTING	320,725
CPSG PARTNERS LLC, 5001 SPRING VALLEY ROAD 300 EAST DALLAS, TX 75244	SOFTWARE CONSULTANTS	236,229
ADAPTIVE COMMUNICATIONS LLC, 230 COMMERCE WAY SUITE 100 PORTSMOUTH, NH 03801	WIFI NETWORK	218,334
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 >20

Form 99								Page 9
Part V	/ ##1	Statement o	o f Revenue ule O contains a respon	ise or note to any lu	ne in this Part VIII			
		CHECK II SCHOOL	are o contains a respon	ise of flote to unly in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 22	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
Grants Amounts	c	Fundraising eve	ents 1c					
Giffs, nilar Au	d	Related organiz	zations 1d					
	e	Government grants		716,880				
Contributions, Gifts, Grants and Other Similar Amounts	f	_	ons, gifts, grants, and 1f	16,795,192				
ntribu I Oth	g		ons included in lines	410,488				
Cor	h	Total. Add lines	s 1 a - 1 f	🔎	17,512,072			
				Business Code				
E E	2a	TUITION & FEES		900099	150,479,558	150,479,558		
Es Ke	ь	ROOM & BOARD		900099	24,828,795	24,828,795		
- Ce	С	ED/NON-ED PROG	RAM REVENUE	900099	26,445,777	26,445,777		
E.	d	OTHER ED PROG/A	AUX ACT	721000	446,520		446,520	
E	е							
Program Serwoe Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		202,200,650			
	3		ome (including dividend		3,633,549		62,291	3,571,258
	4		ar amounts) stment of tax-exempt bond p	F	12,593			12,593
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents	2,690,214					
	Ь	Less rental expenses						
	c	Rental income or (loss)	2,690,214	0				
	d	• •	me or (loss)		2,690,214			2,690,214
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	75,677,483					
	ь	Less cost or other basis and	69,190,609					
		sales expenses						
	C	Gain or (loss)	6,486,874		6,486,874		1,215,445	5,271,429
ů.	d 8a	Gross income f events (not inc			0,400,074		1,213,443	3,271,423
Other Revenue		\$	s reported on line 1c)					
<u>.</u>			a					
ţ	b		penses b		_			
0	C		(loss) from fundraising (events	0			
	94		rom gaming activities ne 19					
			a					
	b		penses b		_			
			(loss) from gaming activ	/ities≱-	0			
	TOA	Gross sales of returns and allo						
			a					
	Ь		oods sold b					
	С		(loss) from sales of inve		0			
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	C							
	d	All other reven	ue					
	e	Total. Add lines	L	🕨				
	12		See Instructions	<u> </u>	0			
	1			• • • •	232,535,952	201,754,130	1,724,256	11,545,494

orm	990 (2014)				Page 10
	t IX Statement of Functional Expenses				
ecti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX		(c)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	262,423	262,423		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	36,377,328	36,377,328		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and	0			
•	key employees	6,128,129	1,829,601	3,648,642	649,886
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,109,863	1,068,275	41,588	
7	Other salaries and wages	80,523,889	68,601,860	9,743,872	2,178,157
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,000,035	5,111,695	726,040	162,300
9	Other employee benefits	8,444,666	7,194,355	1,021,879	228,432
0	Payroll taxes	5,478,829	4,627,424	695,853	155,552
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	261,826		261,826	
c	Accounting	329,802	2,239	327,563	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
2	Advertising and promotion	5,295,885	4,631,754	624,820	39,311
3	Office expenses	6,665,760	5,265,558	1,235,624	164,578
4	Information technology	8,755,791	8,156,151	562,376	37,264
5	Royalties	0			
6	Occupancy	5,990,081	5,932,968	56,075	1,038
7	Travel	7,454,648	5,641,413	1,573,069	240,166
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	1,835,068	1,750,630	72,345	12,093
0	Interest	4,923,450	4,923,450		
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	10,620,833	10,432,252	143,935	44,646
3	Insurance	0			
4	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 & BEVERAGE SERVICE	8,441,978	8,441,978		
b	PROFESSIONAL CONSULTING	5,695,871	3,776,471	1,491,139	428,261
c	ROOM, CONF, & ADMIN	3,006,643	3,006,643		

4,789,414

2,215,654

220,607,866

2,353,171

190,327,295

939,656

d OTHER EXPENSES

e All other expenses

25

26

Total functional expenses. Add lines 1 through 24e

here ► following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

180,724

4,522,408

2,255,519

1,275,998

25,758,163

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		· ·	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	35,254,049		34,469,158
	2	Savings and temporary cash investments	0	┝╌┤	0
	3	Pledges and grants receivable, net	29,538,449		31,702,429
	4	Accounts receivable, net	7,208,119		6,938,622
	5	Loans and other receivables from current and former officers, directors, trustees, ke		 	0,000,022
		employees, and highest compensated employees Complete Part II of Schedule L	,	5	0
ţs	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	s		0
Assets	7	Notes and loans receivable, net	4,358,677	7	4,104,285
Ą	8	Inventories for sale or use	4,550,677	<u> </u>	4,104,200
	9	Prepaid expenses and deferred charges	4,998,129	L • 1	5.285.316
	10a	Land, buildings, and equipment cost or other basis	4,930,129	9	3,203,310
		Complete Part VI of Schedule D 382,728,91	_		
	b	Less accumulated depreciation	<u> </u>		161,318,301
	11	Investments—publicly traded securities	240,981,843		247,893,266
	12	Investments—other securities See Part IV, line 11	89,032,792	12	100,735,663
	13	Investments—program-related See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	28,015,422	 	8,026,642
	16	Total assets. Add lines 1 through 15 (must equal line 34)	576,615,266	H — — —	600,473,682
	17	Accounts payable and accrued expenses	20,080,864	17	25,421,933
	18	Grants payable	0	18	0
	19	Deferred revenue	11,812,730	 	15,857,531
	20	Tax-exempt bond liabilities	99,405,761	20	95,411,766
8	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabiliti∈	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>ge</u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	36,395,000	23	34,655,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	17,372,826	25	17,086,583
	26	Total liabilities. Add lines 17 through 25	185,067,181	26	188,432,813
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	163,609,705	27	174,047,118
- တ	28	Temporarily restricted net assets	116,416,261	28	125,197,590
<u>=</u>	29	Permanently restricted net assets	111,522,119	29	112,796,161
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34.			
ŏ	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
8	32	Retained earnings, endowment, accumulated income, or other funds		32	
₩ 4	33	Total net assets or fund balances	391,548,085	33	412,040,869
Net			, ,		
	34	Total liabilities and net assets/fund balances	576,615,266	34	600,473,682

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	1			535,952
3	Revenue less expenses Subtract line 2 from line 1	2			507,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			928,086
5	Net unrealized gains (losses) on investments	5			548,085 063,162
6	Donated services and use of facilities	6			703,102
7	Investment expenses	7			
8	Prior period adjustments	8			1,538
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,4	199,998
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		412,0	040,869
Par	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	Check if Schedule O Contains a response of note to any line in this part All	• •	· ·	Yes	No
1	Accounting method used to prepare the Form 990			les	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	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 ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 04-2103544 Name: Babson College

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, ependent Cor	Direct otracto	ors, ers	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	hours per more than one box, unless compensation com week (list person is both an officer any hours and a director/trustee) organization (W-organ 2/1000 MISC)		(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and						
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	related organizations
(1) MICHAEL J ANGELAKIS	1 2	х						0	0	0
TRUSTEE (1) THE HONOR CRAIG BENSON	0 0								_	
VICE CHAIR, BOARD OF TRUSTEES	0 0	х		х				0	0	0
(2) ETTORE V BIAGIONI	1 2							_	_	
TRUSTEE	0 0	Х						0	0	0
(3) HOWARD BROWN	1 2	X						0	0	0
TRUSTEE (STARTING 7/14) (4) MARLA M CAPOZZI	0 0									
		х						56,761	0	0
TRUSTEE (5) PAUL W CHISHOLM	1 2									
TRUSTEE	0 0	X						0	0	0
(6) THEODORE A CLARK	1 2	×		x				0	0	0
TREASURER (UNTIL 10/14)	0 0			<u> </u>				Ů		
(7) TIMOTHY A DEMELLO	1 2	х						0	0	0
TRUSTEE (8) DEBORAH DESANTIS	0 0									
TRUSTEE	0 0	Х						0	0	0
(9) GARY T DICAMILLO	1 2	V						6.002	0	
TRUSTEE	0 0	X						6,982	0	0
(10) CRAIG M DONALDSON	1 2	х						0	0	0
TRUSTEE (11) HARISH M FABIANI	0 0									
TRUSTEE (STARTING 10/14) (12) FRANK M FISCHER	0 0	Х						0	0	0
TRUSTEE	0 0	х						0	0	0
(13) THOMAS F GILBANE JR	1 2								_	_
TRUSTEE	0 0	Х						0	0	0
(14) BRETT A GORDON	1 2	x						0	0	0
TRUSTEE (STARTING 10/14)	0 0							, and the second		
(15) LEONARD GREEN	1 2	х						0	0	0
TRUSTEE (16) MUHAMMAD H HABIB	0 0									
TRUSTEE (UNTIL 10/14)	0 0	Х						0	0	0
(17) DR KERRY HEALEY	40 0	×		х				670,456	0	101,272
TRUSTEE/PRESIDENT	20 0			<u> </u>				070,130		101,272
(18) BRUCE T HERRING	1 2	х		х				0	0	0
VICE CHAIR, BOARD OF TRUSTEES (19) ERIC G JOHNSON	0 0									
TRUSTEE	0 0	Х						0	0	0
(20) FRED SC KIANG	1 2	V							0	
TRUSTEE	0 0	X						0	0	0
(21) CHARLETON F KILMER	1 2	x						0	0	0
TRUSTEE (UNTIL 3/15) (22) CARMELIA KLETJIAN	0 0		_			-	-			
TRUSTEE	0 0	х						0	0	0
(23) DAVID F LAMERE	1 2									
TRUSTEE	0 0	Х				<u> </u>	L	0	0	0
(24) LOUIS J LAVIGNE JR	1 2	х						0	0	0
TRUSTEE	1 2							<u> </u>		

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

Compensated Employees, and Inde	pendent Cor		rs			, -	,	ıp.oyees, i.i.g.		
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persoi and a	ion (d nan oi n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke, emplo,ee	Highest compensated employee	Former	2/1099-1413C)	2/1099-11130)	related organizations
(26) MICHAEL S LORBER	1 2	×						0	0	0
TRUSTEE (1) DAVID LUCCHINO	0 0									
TRUSTTEE	0 0	X						0	0	0
(2) WARREN KK LUKE	1 2	х						0	0	0
TRUSTEE (UNTIL 10/14) (3) NARENDER MANOJ MADNANI	0 0									
TRUSTEE (STARTING 10/14)	0 0	Х						0	0	0
(4) CARLOS MATTOS	1 2	×						0	0	0
TRUSTEE (5) JEFFREY J MCLANE	0 0									
TRUSTEE (STARTING 5/14) (6) DR RICHARD K MILLER	0 0	Х						0	0	0
TRUSTEE	0 0	х						0	0	0
(7) GORDON PRICHETT TRUSTEE	1 2	x						15,500	0	О
(8) RICHARD A RENWICK	1 2	х						0	0	0
TRUSTEE (9) KENNETH G ROMANZI	0 0									
TRUSTEE	0 0	Х						0	0	0
(10) JAMES A RULLO TRUSTEE (STARTING 10/14)	1 2	×						0	0	0
(11) AMANDA STRONG	1 2	х						0	0	0
TRUSTEE (12) MARTHA D VORLICEK	0 0	×		x				0	0	0
TREASURER (STARTING 10/14) (13) ROBERT E WEISSMAN	0 0	^						0	0	0
TRUSTEE	0 0	х						0	0	0
(14) JOSEPH WINN TRUSTEE/CHAIR, BOARD OF TRUSTE	1 2	x		х				0	0	О
(15) GARY ZWERLING	1 2	x						0	0	0
TRUSTEE (16) DENNIS HANNO	0 0 40 0									
PROVOST (Until 7/14)	0 0			Х				222,283	0	34,412
(17) RANCH KIMBALL	40 0			х				400,554	0	39,589
(18) KATHERINE CRAVEN	40 0			х				315,812	0	21,420
(19) MARY ROSE	0 0 40 0			x				224,507	0	47,005
VP FOR CAMPUS & COMMUN AFFAIRS (20) DIANA ZAIS	0 0 40 0									
VP FOR DEVELOPMENT (21) CAROL HACKER	0 0			X				205,773	0	50,500
VP OF ALUMNI&FRIENDS NETWORK	0 0			х				194,722	0	24,312
(22) DONNA BONAPARTE VP FOR HR	40 0			х				223,980	0	33,347
(23) GRANT GOSSELIN	40 0			х				105,077	0	24,447
VP ENROLLMENT/DEAN(UNTIL 7/14) (24) JONATHAN MOLL	0 0 40 0			X					•	
VP AND GENERAL COUNSEL	20 0							280,816	0	53,740

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

Compensated Employees, and inde		iti acto I						I	l I	I I
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) SAMUEL DUNNVP FACILITIES MGT (UNT 10/14)	40 0			х				436,187	0	35,789
(1) JANE EDMONDS VP FOR GOVERNANCE/CLERK	40 0			х				140,873	0	19,180
(2) ALFRED NANNI	40 0			х				292,628	0	56,772
PROVOST (STARTING 7/14) (3) ELAINE EISENMAN	20 0 40 0				x			422,437	0	43,752
DEAN OF BABSON EXE EDU	0 0							422,437	0	43,732
(4) JAY A RAO FACULTY	40 0					Х		471,452	0	47,612
(5) ANDREW L ZACHARAKIS PROFESSOR	40 0					х		374,207	0	43,764
(6) PAUL MULLIGAN ASSOCIATE PROFESSOR	40 0					х		371,699	0	33,835
(7) LESLIE CHARM SENIOR LECTURER	40 0					х		366,729	0	24,506
(8) MICHAEL L FETTERS PROFESSOR	40 0					х		353,976	0	24,473
(9) PHILLIP SHAPIRO VP FOR FINANCE (Until 2/14)	40 0						х	391,869	0	45,119
(10) TRACEE PETRILLO	40 0						х	102,344	0	14,789
FORMER CLERK (11) SHAHID ANSARI	0 0						х	388,776	0	30,330
FORMER PROVOST	40 0									

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As Filed Data -

DLN: 93493130019966

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Babsor	ı Colle	ge					04-2103544	
Pai	τI	Reason for Publi	c Charity S	Status (All organiza	tions must co	mnlete this i		nns
		zation is not a private fo				<u> </u>		7113.
1	Г	A church, convention						
2	Ī	A school described in					-, (-, (-, -, (-, -	
3	Ė	A hospital or a cooper				tion 170(b)(1	(A)(iii).	
4		A medical research or		-). Enter the
-	•	hospital's name, city,	and state					
5	\sqcap	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unıt d	escribed in
		section 170(b)(1)(A)	(iv). (Complete	e Part II)				
6	\sqcap	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(:	1)(A)(v).	
7	Γ	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	jeneral public
_	_	described in section 1				\		
8	_	A community trust de						
9	1	An organization that n						
		receipts from activitie						
		its support from gross						Dusinesses
4.0	_	acquired by the organ						
10	<u> </u>	An organization organ	· ·	•	•	•		
11	ı	An organization organ one or more publicly s						
		the box in lines 11a th			•			
а	Γ	Type I. A supporting of	rganization op	erated, supervised, o	r controlled by 1	ts supported o	rganization(s), typica	lly by giving the
		supported organizatio			-	ty of the direct	ors or trustees of the	supporting
h	\vdash	organization You mus Type II. A supporting				with its suppo	ertod organization(s)	ov having control or
Ь	,	management of the su						
		must complete Part I						
C	Г	Type III functionally	_		•			grated with, its
	_	supported organizatio						
d	,	Type III non-function not functionally integr						
		(see instructions) Yo					oment and an accondi	and a requirement
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_		integrated, or Type II						
f		Enter the number of s						
g		Provide the following i	mormation abo	out the supported orga	inizacion(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organızatıon		organization	listed in your		monetary support	other support (see
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	instructions)
				section (see				
				instructions))		Γ		
					Yes	No		
Total								
			l	<u> </u>		L	<u> </u>	i

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 23,762,424 22,033,031 11,275,700 20,810,199 17,512,072 95,393,426 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 23,762,424 22,033,031 11,275,700 20,810,199 17,512,072 95,393,426 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 15,763,042 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 79,630,384 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (a) 2010 (f) Total beginning in) 🟲 22,033,031 11,275,700 20,810,199 Amounts from line 4 23,762,424 17,512,072 95,393,426 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,301,836 4,798,963 6,347,086 4,838,469 6,274,065 25,560,419 and income from similar sources Net income from unrelated business activities, whether or 58,349 111,208 1,040,698 1,210,255 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 62,305 50,750 66,345 48,260 227,660 capital assets (Explain in Part VI) 11 Total support Add lines 7 122,391,760 through 10 12 Gross receipts from related activities, etc (see instructions) 934,191,734 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 65 062 % Public support percentage for 2013 Schedule A, Part II, line 14 15 66 770 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

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

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

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

Section D. Computation of Investment Income Percentage

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

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

18

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

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

11c

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

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

3b

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
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 A mounts paid to perform activity that directly furthexcess of income from activity	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			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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
· · · · · · · · · · · · · · · · · · ·	COLUMNS (A)-(D) 2010-2013 LINE 10 INCLUDES INCOME FROM FUNDRAISING AND GAMING ACTIVITIES

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493130019966

04-2103544

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Babson College

Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.
1	Provide a description of the o	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	tJEB Complete if the o	ganization is exempt unde	r section 501(c)(3).	
1		e tax incurred by the organization i			\$
2	·	e tax incurred by organization man			\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50)1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to	other organization	s for section 527	
	exempt function activities			•	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments amount of political contribution separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid from the different from the differe	om the filing organization's to a separate political orga	funds Also enter the anization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For P	Panerwork Reduction Act Notice s	ee the instructions for Form 990 or 9	90-F7	Cat No 500945 Schodule C /	

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
	•		a)		(b)	
-or e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?	Yes				1
j	Total Add lines 1c through 1i					1
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
h	Carryayar from last year) 2h				

-	Dues, assessments and similar amounts from members	_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

2 (See instructions), and that it is by the 1 Miss, complete this part for any additional morniation				
Return Reference	Explanation			
SCHEDULE C, PART II-B, LINE 1	LOBBYING ACTIVITIES THE ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES			

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493130019966

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

Open to Public

	om 550) and its instructions is at www.	
Name of the organization Babson College		Employer identification number
Organizations Maintaining Donor organization answered "Yes" to Form		04-2103544 Funds or Accounts. Complete if
organization answered Tes to Form	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor acfunds are the organization's property, subject to the		onor advised Yes
Did the organization inform all grantees, donors, are used only for charitable purposes and not for the b		
conferring impermissible private benefit? art II Conservation Easements. Complet	e if the organization answered "Ves"	
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space	organization (check all that apply) tion or education) Preservation of Preservation of	an historically important land area a certified historic structure
Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution i	n the form of a conservation
		Held at the End of the Yea
Total number of conservation easements		2a
Total acreage restricted by conservation easemen	ts	2b
Number of conservation easements on a certified h	nistoric structure included in (a)	2c
Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d
Number of conservation easements modified, trans the tax year -	sferred, released, extinguished, or termina	ated by the organization during
Number of states where property subject to conse	rvation easement is located >	
Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, ha	
Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation eas	ements during the year
Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during the year
Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(ı) Yes
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financ	
Complete if the organization answered		s, or Other Similar Assets.
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnotes	AS 116 (ASC 958), not to report in its revises the sets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	AS 116 (ASC 958), to report in its revenussets held for public exhibition, educatio	ie statement and balance sheet
(i) Revenue included in Form 990, Part VIII, line	1	► \$
(ii) Assets included in Form 990, Part X		- \$
If the organization received or held works of art, hi following amounts required to be reported under SF		for financial gain, provide the
Revenue included in Form 990, Part VIII, line 1		► \$
Assets included in Form 990. Part X		▶ - \$

Part	IIII Organizations Maintaining Co	llections of Art, I	<u> Histor</u>	ical Trea	sures, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	any of the	following that ar	e a significant use	e of its
а	Public exhibition		d √	Loan or e	exchange progra	ms	
b	Scholarly research		е Г	Other			
c	▼ Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how the	y further th	he organization's	s exempt purpose	ın
5	During the year, did the organization solicit						
Dow	assets to be sold to raise funds rather than t	· ·					Yes V No
Par	EIV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					res to form s	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ts not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI \dot{z}	I and complete the fo	llowing	table			
					_	Ar	nount
C	Beginning balance				_1	lc .	
d	Additions during the year				_1	.d	
е	Distributions during the year				<u> </u>	.e	
f	Ending balance				_ 1	lf	
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	1, for e	scrow or c	ustodıal accoun	t liability?	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	I Check here if the ex	xplanat	on has bee	en provided in Pa	art XIII	Г
Par	t V Endowment Funds. Complete						
4.	Danis and salar and	(a)Current year 332,014,635	(b) Prior (/ear b (519,968	239,492,137	(d)Three years back 243,252,672	(e)Four years back 197,005,749
1a L	Beginning of year balance	9,318,164		558,248	11,995,372	8,301,653	18,192,624
	Contributions	9,310,104	20,	336,246	11,993,372	8,301,033	10,192,024
С	Net investment earnings, gains, and losses	17,977,769	39	608,164	33,419,630	-2,366,163	37,390,554
d	Grants or scholarships	2,464,963	2	223,083	2,173,736	2,152,163	1,953,530
	Other expenditures for facilities and programs	8,216,676	7	448,662	7,213,435	7,543,862	7,382,725
	Administrative expenses	240 620 020	222	014.625	275 510 060	220 402 427	242 252 672
_	End of year balance	348,628,929		014,635	275,519,968	239,492,137	243,252,672
2	Provide the estimated percentage of the cur	•	(line 1	ı, column (a	a)) held as		
а	board designated of quasi-endowment	45 000 %					
b	Permanent endowment ► 29 000 %						
С	Temporarily restricted endowment \blacktriangleright 26 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%					
3a	Are there endowment funds not in the posse	ssion of the organizati	on that	are held ar	nd administered	for the	
	organization by (i) unrelated organizations					3a	Yes No
	(ii) related organizations					3a(
b	If "Yes" to 3a(II), are the related organization			dule R?.			
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment	unds			
Par			e orga	nization a	nswered 'Yes'	to Form 990, Pa	art IV, line
	11a. See Form 990, Part X, line Description of property	10.		Cost or othe s (investmen		er (c) Accumulated depreciation	(d) Book value
			+				
	and		<u> </u>		1,600,5		1,600,545
	uildings		<u> </u>		294,537,5	66 166,855,93	127,681,632
	easehold improvements		·		40.455	04 35.225.5	2 222 22:
	quipment		·		42,466,2		
	ther				44,124,5	07 19,318,43	4 24,806,073
	. Add lines 1a through 1e (Column (d) must e	aual Form QQA Dort V .	column	(R) line 10/	(c).)	🕨	161,318,301

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization a	nswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)O ther		
(A) ALTERNATIVE INVESTMENTS	100,735,663	F
Table (Caluma (h) annah annal Farra (200 Bart V and (D) Inn (2)	100 735 663	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Cor	, , , , , , , , , , , , , , , , , , , ,	answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	Tiplete ii the organization	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	,	
Part IX Other Assets. Complete if the organization		Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	tion	(b) Book value
Tabal (Column (b) must say at Form 000, Part V, cel (B) line 15	1	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
LOANS	3,209,864	
CONTRACTS	13,876,719	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	17,086,583	
2 Liability for uncertain tax positions. In Part VIII. provide		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per Re	eturn Complete if		
1		er support per audited financial statements			1			
2	Amounts included on line 1 bu	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses)							
b	Donated services and use of f	acılıtıes	2b		1			
c	Recoveries of prior year grant	s	2c		1			
d			2d		1			
e	Add lines 2a through 2d				2e			
3	Subtract line 2e from line 1 .				3			
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)		4b					
c	Add lines 4a and 4b				4c			
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5			
Part		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complete		
		swered 'Yes' to Form 990, Part IV, line						
1		raudited financial statements			1			
2		it not on Form 990, Part IX, line 25	1 -	I				
a		acılıtıes	2a		_			
Ь	Prior year adjustments		2b					
С	Other losses		2c 2d		_			
d	Other (Describe in Part XIII)	4						
e	-				2e	<u> </u>		
3					3	<u> </u>		
4		0, Part IX, line 25, but not on line 1:	ı	I				
a	·	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
Ь			4b		4			
С					4c			
5		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	<u></u>		
	Supplemental Inf							
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				e any additional		
	Return Reference	Explanation						
SCHE	DULE D, PART III, LINE 1A	WORKS OF ART, HISTORICAL TREASUR	ES.LIT	ERARY WORKS AND A	A RTIFA	ACTS. WHICH ARE		
	3022 37, 11111 221, 22112 271	PRESERVED AND PROTECTED FOR EDU PURPOSES, ARE NOT CAPITALIZED TH NOR ENCUMBERED IN ANY MANNER ACRECORDED FOR FINANCIAL STATEMEN	CÁTIO EY ARE CORDI	NAL, RESEARCH, ANI ENEITHER DISPOSEI INGLY, SUCH COLLE	D PUBL D O F F0	LIC EXHIBITION OR FINANCIAL GAIN		
SCHE	DULE D, PART V, LINE 4	BABSON COLLEGE'S ENDOWMENT CON BEEN ESTABLISHED OVER TIME FOR VA CHAIRS AND PROFESSORSHIPS, FACIL SERVICES	RIOUS	PURPOSES, INCLUE	DINGS	CHOLARSHIPS,		

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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DLN: 93493130019966

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Babson College

SCHEDULE E

(Form 990 or 990-EZ)

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

04-2103544 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

Return Reference	Explanation			
SCHEDULE E, PART I, LINE 3	BABSON COLLEGE PROHIBITS DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONALITY OR ETHNIC ORIGIN, RELIGION, SEX, LIFESTYLE, SEXUAL ORIENTATION PREFERENCE, AGE, HANDICAP, OR VETERAN STATUS THIS POLICY IS PUBLISHED IN THE FACULTY AND STAFF HANDBOOK			
SCHEDULE E, PART I, LINE 6	GOVERNMENT FINANCIAL AID BABSON COLLEGE RECEIVES FEDERAL AID TO ENHANCE SCHOLARSHIP AND WORK STUDY PROGRAMS			

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

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DLN: 93493130019966

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Nam	e of the organization				Employer ident	ification number
	on College				Employer ident	ii icacion number
					04-2103544	
Pa	rt I General Information "Yes" to Form 990, Par		es Outside th	e United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	rganization m	aıntaın record:	s to substantiate the a	mount of its grants	_
	and other assistance, the gra	ıntees' elıgıbılı	ty for the gran	ts or assistance, and	the selection criteria	
	used to award the grants or a	assistance?				┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	ocedures for monitorii	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data			,		
(2)						
(3)						
(4)						
(5)						
За	Sub-total		77			51,496,678
b	Total from continuation sheets to Part I					
c	: Totals (add lines 3a and 3b)		77			51,496,678

Schedule F (Form 990) 2014

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▼	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	দ	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	۱✓	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	√	Yes	Г	No

Schedule F (Form 990) 2014

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	ALL THE NUMBERS ARE BASED ON THE AMOUNTS ASSOCIATED WITH THE ACTIVITY ON THE ORGANIZATION'S TRIAL BALANCE

Additional Data

Software ID: Software Version:

EIN: 04-2103544

Name: Babson College

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	STUDENT STUDY ABROAD	90,126
Sub-Saharan Africa			Program Services	STUDENT STUDY ABROAD	38,962
East Asia and the Pacific			Program Services	STUDENT STUDY ABROAD	680,627

Form 990 Schedule F	<u>Part I - Activit</u>	ies Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	STUDENT STUDY ABROAD	1,820,080
Middle East and North Africa			Program Services	STUDENT STUDY ABROAD	13,848
South America			Program Services	STUDENT STUDY ABROAD	130,427

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Fundraising	ALUMNI RELATIONS	5,799
Central America and the Caribbean			Investments		47,143,162
East Asia and the Pacific		29	1 -	EXECUTIVE EDUCATION	557,782

Form 990 Schedule F	<u> Part I - Activit</u>	ies Outside T	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		33	Program Services	EXECUTIVE EDUCATION	683,432
Middle East and North Africa		7	Program Services	EXECUTIVE EDUCATION	178,369
North America		1	Program Services	EXECUTIVE EDUCATION	29,676

Form 990 Schedule F	Part I - Activit	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America		7	1 -	EXECUTIVE EDUCATION	124,388

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

DLN: 93493130019966 OMB No 1545-0047

Department of the Treasury

(Form 990)

Babson College

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

Open to Public **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

04-2103544

		_
Part T	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BABSON GLOBAL INC 231 FOREST STREET BABSON PARK,MA 02457	27-1642647	501(C)(3)	262,423				SUPPORT COLLEGE

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

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1)INSTITUTIONAL GRANTS/SCHOLARSHIP	1315	36,377,328			

Part IV Supplemental In	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										
, ,	THE PROCEDURES FOR NEED-BASED AWARDS INCLUDE REVIEW AND RESOLUTION OF ALL FEDERAL-PROCESSOR-IDENTIFIED ELIGIBILITY CONFLICTS, AND 100% VERIFICATION OF REPORTED PARENT AND STUDENT INCOMES FOR ALL FUNDS, THERE IS A SEPARATION OF THE AWARDING AND DISBURSEMENT FUNCTIONS (DIFFERENT INDIVIDUALS RESPONSIBLE FOR EACH), MONTHLY RECONCILIATIONS BETWEEN STUDENT ACCOUNTS AND THE COLLEGE'S GENERAL LEDGER, AND AN ANNUAL AUDIT IN ACCORDANCE WITH OMB CIRCULAR A-133										
SCHEDULE I, PART III	THE CASH GRANT IS REFLECTED ON STUDENTS' ACCOUNTS										

DLN: 93493130019966

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization Babson College

Employer identification number

			04-2103544			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement or provision of all of the expenses des			1b		No
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at apply	y Do not check any boxes for methods			
	✓ Compensation committee		Written employment contract			
	☐ Independent compensation consultant	<u> - - - - - -</u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mu	ıst complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a	Yes	
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa					
-	subject to the initial contract exception described in					
	ın Part III			8	Yes	
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9	Yes	

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST-CLASS TRAVEL COLLEGE POLICIES ALLOW THE PRESIDENT TO TRAVEL FIRST-CLASS UNDER CERTAIN CIRCUMSTANCES FOR BUSINESS PURPOSES HOUSING ALLOWANCE AND PERSONAL SERVICES THE PRESIDENT IS REQUIRED TO LIVE IN CAMPUS HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF BABSON COLLEGE THE FAIR MARKET VALUE OF THE HOUSING AND ANY CLEANING SERVICES, IF PROVIDED, ASSOCIATED WITH THE PROPERTY ARE INCLUDED AS A NONTAXABLE BENEFIT HEALTH OR SOCIAL CLUB THE PRESIDENT RECEIVED AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB FOR BUSINESS USE RELATED TO THE COLLEGE PERSONAL SERVICES IN CONNECTION WITH HIS DEPARTURE, THE COO RECEIVED CERTAIN OUTPLACEMENT SERVICES WHICH WERE TREATED AS NONTAXABLE
SCHEDULE J, PART I, LINE 1B	ALL THE ITEMS CHECKED ABOVE ARE INCLUDED AS PART OF THE INDIVIDUAL'S EMPLOYMENT CONTRACT AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SCHEDULE J, PART I, LINE 4A SAMUEL DUNN SEPARATED FROM THE ORGANIZATION IN 2014 IN CONNECTION WITH HIS SEPARATION, HE RECEIVED SEVERANCE OF \$93,987 THIS SEVERANCE AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) RANCH KIMBALL SEPARATED FROM THE ORGANIZATION IN 2014 IN CONNECTION WITH HIS SEPARATION, HE WAS ENTITLED TO TOTAL PAYMENTS OF \$365,000 AND OUTPLACEMENT SERVICES IN 2014 HE RECEIVED A PAYMENT OF \$187,500 UNDER THIS AGREEMENT WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) PHILIP SHAPIRO SEPARATED FROM THE ORGANIZATION IN 2014 IN CONNECTION WITH HIS SEPARATION, HE RECEIVED 1 YEAR OF SEVERANCE COMPENSATION AND BENEFITS THE AMOUNT PAID IN 2014 OF \$233,333 IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
SCHEDULE J, PART I, LINE 4B	EFFECTIVE JULY 1, 2013 THE COLLEGE ENTERED INTO A NON-QUALIFIED SECTION 457(F) ARRANGEMENT WITH ITS PRESIDENT UNDER THE TERMS OF THE PLAN, THE PRESIDENT WILL RECEIVE A CREDIT TO HER ACCOUNT OF NO LESS THAN \$52,500 FOR EACH PLAN YEAR SHE HOLDS THE TITLE OF THE PRESIDENT OF THE COLLEGE ON JUNE 30TH OF SUCH PLAN YEAR AMOUNTS AWARDED UNDER THE PLAN ARE 100% VESTED AT THE TIME OF THE AWARD \$52,500 WAS CREDITED IN 2014 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B (III)
SCHEDULE J, PART I, LINE 5	ONE KEY EMPLOYEE HAS AN INCENTIVE PLAN BASED ON THE PERFORMANCE OF CERTAIN PROGRAMS AT THE COLLEGE
SCHEDULE J, PART I, LINE 7	FROM TIME TO TIME HIGHEST COMPENSATED EMPLOYEES MAY RECEIVE A NON-FIXED PAYMENT BONUS ALL BONUSES ARE APPROVED BY THE PRESIDENT AND REVIEWED BY HUMAN RESOURCES
SCHEDULE J, PART I, LINE 8	DR KERRY HEALEY IS UNDER HER INITIAL CONTRACT WITH BABSON COLLEGE

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 04-2103544
Name: Babson College

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

(A) Name and Title		-						(F) Compensation in	
(A) Name and Title		(i) Base ompensation	W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	(iii) O ther reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	column (B) reported as deferred in prior Form 990	
DR KERRY HEALEY, TRUSTEE/PRESIDENT	(I) (II)	604,990	0	65,466	28,860	72,412 0	771,728	0	
DENNIS HANNO, PROVOST (Until 7/14)	(I) (II)	221,350 0	0	933	20,982	13,430 0	256,695	0	
RANCH KIMBALL, COO (UNTIL 10/14)	(I) (II)	212,106 0	0	188,448 0	39,282 0	307 0	440,143	0	
KATHERINE CRAVEN, CAO	(I) (II)	315,512 0	0	300 0	21,000	420 0	337,232	0	
MARY ROSE, VP FOR CAMPUS & COMMUN AFFAIRS	(I) (II)	205,563	0	18,944 0	25,624 0	21,381 0	271,512	0	
DIANA ZAIS, VP FOR DEVELOPMENT	(I) (II)	204,916 0	0	857 0	23,503	26,997 0	256,273 0	0	
CAROL HACKER, VP OF ALUMNI&FRIENDS NETWORK	(I) (II)	194,325 0	0	397 0	20,919	3,393 0	219,034	0	
PHILLIP SHAPIRO, VP FOR FINANCE (Until 2/14)	(I) (II)	98,334 0	0	293,535 0	17,91 4 0	27,205 0	436,988	0	
DONNA BONAPARTE, VP FOR HR	(I) (II)	223,069 0	0	911 0	24,796 0	8,551 0	. 257,327 0	0	
JONATHAN MOLL, VP AND GENERAL COUNSEL	(I) (II)	279,647 0	0	1,169 0	28,860 0	24,880 0	334,556	0	
SAMUEL DUNN, VP FACILITIES MGT (UNT 10/14)	(I) (II)	291,387 0	0	144,800 0	28,860 0	6,929 0	471,976 0	0	
JANE EDMONDS, VP FOR GOVERNANCE/CLERK	(I) (II)	140,348 0	0	525 0	13,779 0	5,401 0	160,053	0	
ELAINE EISENMAN, DEAN OF BABSON EXE EDU	(I) (II)	420,073 0	0	2,364 0	28,860 0	14,892 0	466,189	0	
JAY A RAO, FACULTY	(I) (II)	468,246 0	3,000	206 0	17,289 0	30,323 0	519,064	0	
ALFRED NANNI, PROVOST (STARTING 7/14)	(I) (II)	290,810 0	0	1,818 0	28,860 0	27,912 0	349,400	0	
TRACEE PETRILLO, FORMER CLERK	(I) (II)	95,937 0	0	6,407 0		5,421 0		0	
ANDREW L ZACHARAKIS, PROFESSOR	(I) (II)	371,774 0	2,000	433 0	I	21,284 0	417,971	0	
PAUL MULLIGAN, ASSOCIATE PROFESSOR	(I) (II)	371,073 0	0	1	I	20,782 0	405,534	0	
LESLIE CHARM, SENIOR LECTURER	(I) (II)	366,729 0	0	1 1	1 ' 1	16,161 0	391,235	0	
MICHAEL L FETTERS, PROFESSOR	(I) (II)	350,651 0	2,000	1		712 0		0	

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	•-	i) Base pensation	(ii) Bonus & incentive compensation	repor	Other table nsation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990	
SHAHID ANSARI, FORMER PROVOST	(1) (11)	368,672 0		0	20,104	28,860 0	1,470 0	419,106	0	

DLN: 93493130019966

Open to Public

Inspection

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

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

	me of the organization									Emi	olover id	entifica	tion numb		
	bson College										-21035		Mon nam.	Jei	!
	art I Bond Issues									104	-21035	44			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	(f) De	scripti	on of purpose	(g) De	feased	beha	On alf of suer		Pool
l			<u> </u>							Yes	No	Yes	No	Yes	No
A	MA DEVELOPMENT FINANCE AGENCY (2005A)	04-3431814	57583RCV5	08-31-2005	22,9	•	NEW BUI PROJEC		G MISC		Х		Х		Х
В	MA DEVELOPMENT FINANCE AGENCY (2007A)	04-3431814	57583RSCO	10-04-2007	21,3	36,830	REFINANCE DEBT (1997A) FOR THE CON			Х		Х		Х	
c ⁻	MA DEVELOPMENT FINANCE AGENCY (2008A)	04-3431814	57583RUW3	04-17-2008	36,4	75,000		REFINANCE DEBT (2002A) FOR THE NEW			Х		X		Х
D	MA DEVELOPMENT FINANCE AGENCY (2011A)	04-3431814	57583UGH5	07-07-2011	14,5		REFINAN BLANK C		EBT (1998A) R		Х		X		Х
P	art III Proceeds														
A manual of hands watered					Α			В		C			D		
	1 Amount of bonds retired 2 Amount of bonds legally defeased					8,949,3	343		5,233,156		5,330	0,000	<u> </u>		
<u>2</u> 3	Total proceeds of issue					22.006.	0		21 226 020		26 471	- 000	14,518,050		
$\frac{3}{4}$	Gross proceeds in reserve fund					22,996,7			21,336,830		36,475	5,000		14,	
<u> </u>	Capitalized interest from proces						0		0			- 0			0
6	Proceeds in refunding escrows						0		0						0
 	Issuance costs from proceeds				333,890			315,976		250	0,504			243,275	
8	Credit enhancement from proce								242,000	29,208					
9	Working capital expenditures fr					557,	0		0	29,208			0		
10		<u> </u>				15,230,1	149		0			0			0
11						7,095,6			20,778,854		36,195	5,288		14	,274,775
12						•	0		0		<u> </u>	0			0
13	Year of substantial completion	-	-		20	006		20	07	2	008			2011	
$I \subseteq$					Yes	No	Y	'es	No	Yes	N	0	Yes		No
14	Were the bonds issued as part of	of a current refundir	ng issue?		Х			Х		Х			Х	_	_
15	Were the bonds issued as part of	of an advance refun	ıdıng ıssue?			Х			Х		×	(\top	Х
16	Has the final allocation of proce	eeds been made?			Х			Х		X	1		Х	\top	
17	Does the organization maintain allocation of proceeds?	ı adequate books an	nd records to suppo	ort the final	Х			Х		Х			Х		
Pε	rt IIII Private Business Us	se													
1				ļ	<u> </u>	<u> </u>			В		Ç			D	

property financed by tax-exempt bonds?

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

No

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

No

Χ

Χ

	date K (101111 550) 2011									raye Z
Par	Private Business Use (Continued)						1			
				A .	B			C		D
_	A so there any management or convice centracts that may recult in assume	huginaga ugal	Yes	No	Yes	No	Yes	No No	Yes	No
3a 	Are there any management or service contracts that may result in private of bond-financed property?			Х		Х		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 use financed property?	e of bond-		х		Х		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 be other than a section $501(c)(3)$ organization or a state or local government			0 150 %		0 %		C	0/0	0 %
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			0 %						
6	Total of lines 4 and 5			0 150 %						
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		×
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		х	x		х	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of			•			•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х		Х		Х		Х
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unclean Regulations sections 1 141-12 and 1 145-2?		Х		Х		х		х	
Par	t IV Arbitrage				•					•
		Α			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х			Х		Х
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		Х			Х	Х	
b	Exception to rebate?		Х	Х		Х	(Х	
С	No rebate due?	Х		Х		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	Х	(Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		×	Х	(х
b	Name of provider	0		0		GOLD	MANSA	CHS		
С	Term of hedge							25		
d	Was the hedge superintegrated?		Х					Х		
e	Was the hedge terminated?									

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(A) ISSUER NAME MA DEVELOPMENT FINANCE AGENCY (2005A) (F) DESCRIPTION OF PURPOSE NEW BUILDING, MISC PROJECT, REFINANCE DEBT (A) ISSUER NAME MA DEVELOPMENT FINANCE AGENCY (2007A) (F) DESCRIPTION OF PURPOSE REFINANCE DEBT (1997A) FOR THE CONSTRUCTION OF SORENSON & THE CHAPEL (A) ISSUER NAME MA DEVELOPMENT FINANCE AGENCY (2008A) (F) DESCRIPTION OF PURPOSE REFINANCE DEBT (2002A) FOR THE NEW ASTROTURF ATHLETIC FIELD AND ETC (A) ISSUER NAME MA DEVELOPMENT FINANCE AGENCY (2011A) (F) DESCRIPTION OF PURPOSE REFINANCE DEBT (1998A) BLANK CENTER (A) ISSUER NAME MA DEVELOPMENT FINANCE AGENCY (2013) (F) DESCRIPTION OF PURPOSE NEW BUILDING, MISC PROJECT SCHEDULE K, PART IV, LINE 2C, THE REBATE COMPUTATION DATES MA DEVELOPMENT FINANCE AGENCY (2005A) AUGUST, 2014 MA DEVELOPMENT FINANCE AGENCY (2007A) OCTOBER, 2014 MA DEVELOPMENT FINANCE AGENCY (2008A) APRIL, 2015 MA DEVELOPMENT FINANCE AGENCY (2011A) JULY, 2014

(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.

OMB No 1545-0047

2014

DLN: 93493130019966

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Babson College 04-2103544 Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No MA DEVELOPMENT FINANCE 04-3431814 07-17-2013 Χ 35,000,000 New Building, Misc Project AGENCY (2013) **Proceeds** Part II В C Α D Amount of bonds retired 1,276,590 Amount of bonds legally defeased 2 Total proceeds of issue 3 35,000,000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds 0 Proceeds in refunding escrows 6 7 Issuance costs from proceeds 118,081 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 28,041,747 Other spent proceeds 11 Other unspent proceeds 12 6,840,172 Year of substantial completion 13 2014 Yes Yes No No Yes Yes No No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? **Private Business Use** Part III Α В С D Yes No No No No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

financed property?

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

Χ

Раг	Private Business Use (Continuea)									
				4		В		Ç		D
		ļ	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or othe outside counsel to review any management or service contracts relating to the property?									
С	Are there any research agreements that may result in private business use of financed property?	bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe outside counsel to review any research agreements relating to the financed pro									
4	Enter the percentage of financed property used in a private business use by enother than a section $501(c)(3)$ organization or a state or local government	ntities F		1 140 %				<u> </u>		1
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another se 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5			1 140 %						
7	Does the bond issue meet the private security or payment test?			×						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds vissued?	were		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	osed of				•		•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations section 141-12 and 1 145-2?	tions		×						
9	Has the organization established written procedures to ensure that all nonqual bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	ıfıed	Х							
Par	t IV Arbitrage									
		Α			В		С	D		
	<u></u>	Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•	•	<u>'</u>	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider 0									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

self-remediation is not available under applicable regulations?

10	Arbitrage (Continuea)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?	Х							
Pa	rt V Procedures To Undertake Corrective Action			•					
		Α	\ \	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	×							

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

Schedule K (Form 990) 2014

DLN: 93493130019966

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

Babson College	ganızatıon						E	mploy	er ident	ificatio	n numbe	er
							0	4-21	03544			
				501(c)(3), section 5								
				n Form 990, Part IV,								
1 (a) Nam	e of disqualified per	son (b) h		ip between disqualifi and organization	a	(c) Desc	ription	of tra	nsaction	' -	(d) Correcte	
				and organization	+						Yes	No
4958 .				nagers or disqualifie • • • • • • • • • • • • • • • • • • •	•		he year	r unde 	rsectior ► \$ ► \$	1		
Part II Loans to ai Complete if th	nd/or From Inte	erested F	Persons.	90-EZ, Part V, line 3	3a, oı	r Form 990, I	Part IV	, line 2	26, or ıf	the org	anızatıoı	n
Part III Loans to ai	nd/or From Inte e organization answ mount on Form 990, (b) Relationship	erested Fered "Yes" Part X, line (c) Purpose of	Persons. on Form 99 5, 6, or 22	to (e)Original (e)	ınal bal	r Form 990, I (f) Balance due	Part IV (g) defa	In	26, or if (h) Approphy boar commit	ved rd or	anızatıor (i)Wr agreen	ıtten
Part III Loans to an Complete if th reported an ar (a) Name of interested	nd/or From Inte e organization answ mount on Form 990, (b) Relationship	erested Fered "Yes" Part X, line (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan or from t	to (e)Original (e)	ınal bal	(f) Balance	(g)	In	(h) A ppro-	ved rd or	(i)Wr	ıtten

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	(c) A mount of	(d) Description of transaction	(e) S					
	between interested	transaction		(
	person and the			organ					
	organization			l revei					

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zatıon's
				Yes	No
(1) JANICE BELL	SPOUSE OF FORMER PROVOST	340,072	FACULTY WAGES		No
(2) CAROLINE WINN	DAUGHTER OF OFFICER/TRUST	41,588	COMPENSATION		No

Part V **Supplemental Information**

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

Return Reference	Explanation
, ,	(A) NAME OF PERSON JANICE BELL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND
	ORGANIZATION SPOUSE OF THE FORMER PROVOST (C) AMOUNT OF TRANSACTION
	\$340,072 (D) DESCRIPTION OF TRANSACTION FACULTY WAGES PAID (E) SHARING OF
	ORGANIZATION REVENUES? - NO (A) NAME OF PERSON CAROLINE WINN (B) RELATIONSHIP
	BETWEEN INTERESTED PERSON AND ORGANIZATION DAUGHTER OF OFFICER/TRUSTEE (C)
	AMOUNT OF TRANSACTION \$41,588 (D) DESCRIPTION OF TRANSACTION COMPENSATION
	(E) SHARING OF ORGANIZATION REVENUES? - NO

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493130019966

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Internal Revenue Service

Noncash Contributions

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

Department of the Treasury

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

Name of the organization Babson College

Employer identification number

04-2103544

Pa	rt I Types of Property	_					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of d noncash contrib	letermining	nts
1	Art—Works of art			<u> </u>			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						-
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	27	410,488	AVG OFHI&LOW-	DATE	
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Oualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxıdermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ▶ ()						
	Other ► ()						
	Other ► ()						
	Other ► () Number of Forms 8283 received	by the even	l	r for contributions			
29	for which the organization comple				29		
30»	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I lines	1 through 28 that	Yes	No
50 a	it must hold for at least three ye						
	for exempt purposes for the enti				red to be used		_{N.} .
.	If "Yes," describe the arrangem					30a	No_
31	Does the organization have a gi			eview of any non-standard	contributions?	31 Yes	
32a	Does the organization hire or us						
	contributions?	•	· · · · · · · ·			32a	No
ь 33	If "Yes," describe in Part II If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) is checked,		
							<u> </u>

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
· · · · · · , · · ·	BABSON UTILIZES THE SERVICES OF A BROKER TO SELL DONATED SECURITIES COLUMN (B) BABSON USED THE NUMBER OF CONTRIBUTIONS RECEIVED FOR COLUMN (B)

Schedule M (Form 990) (2014)

DLN: 93493130019966

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization Babson College

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.

> **Employer identification number** 04-2103544

	04-2103544
990 Schedule O, Supplemei	ntal Information
Return Reference	Explanation
FORM 990, PART I, LINE 1	
FORM 990, PART VI, SECTION A, LINE 1	PURSUANT TO THE ORGANIZATION'S BY LAWS, THE BOARD OF TRUSTEES SHALL HAVE AN EXECUTIVE COMMI
	TTEE WHICH SHALL CONSIST OF THE PRESIDENT OF THE CORPORATION, THE CHAIRPERSON OF THE BOARD
	OF TRUSTEES, THE VICE CHAIRPERSON(S) OF THE BOARD OF TRUSTEES, THE CHAIRPERSON-ELECT OF
	HE BOARD OF TRUSTEES AND SUCH OTHER TRUSTEES AS SHALL BE APPOINTED BY THE CHAIRPERSON OF T
	HE BOARD OF TRUSTEES OF THE CORPORATION FOR TERMS OF ONE (1) YEAR, BUT ANY MEMBER MAY BE R
	EAPPOINTED DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, SUBJECT TO SUC
	H LIMITATIONS AS MAY BE PRESCRIBED BY RESOLUTION OF THE BOARD OF TRUSTEES, THE EXECUTIVE C
	OMMITTEE SHALL HAVE GENERAL SUPERINTENDENCE AND ADMINISTRATION OF THE CURRENT MANAGEMENT O
	F THE AFFAIRS OF THE CORPORATION, AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF TRUST
	EES WITH RESPECT THERETO INCLUDING THE POWER TO AUTHORIZE THE SEAL OF THE CORPORATION
	TO B E AFFIXED TO ALL PAPERS THAT MAY REQUIRE IT
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED INTERNALLY AND REVIEWED BY MANAGEMENT AND PRICEWATERHOUSECOOPERS,
	LLP"PWC" THE FULL 990 RETURN, INCLUDING SCHEDULE B, IS THEN REVIEWED BY SENIOR MANAGEME
	NT AND THE AUDIT COMMITTEE THE FINAL FORM 990, WITH THE EXCEPTION OF SCHEDULE B, IS THEN MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS PWC SIGNS THE
	R ETURN AS PAID PREPARER
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL TRUSTEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNA
LINE 120	IRE AND STATEMENT OF COMPLIANCE THEIR RESPONSE TO THE QUESTIONNAIRE IS REVIEWED BY MANAGE
	MENT IN ADDITION, PAYROLL AND VENDOR FILES ARE REVIEWED FOR THE EXISTENCE OF
	TRANSACTIONS WITH RELATED PARTIES IF A CONFLICT OCCURS, THE BOARD MEMBER WILL RECUSE HIM OR HERSELF
	F ROM ANY MATTERS RELATING TO THE TRANSACTION
FORM 990, PART VI, SECTION B,	CURRENTLY THE COLLEGE HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY, BUT IT
LINE 14	IS N OT APPROVED BY THE BOARD OF TRUSTEES OR A COMMITTEE OF THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B,	COMPENSATION FOR THE PRESIDENT, OFFICERS, AND KEY EMPLOYEES OF THE COLLEGE IS REVIEWED
LINE 15	BY HUMAN RESOURCES AT LEAST ONCE A YEAR THIS REVIEW INCLUDES COMPARING RELEVANT,
	INDEPENDENT MARKET COMPENSATION AND IS DOCUMENTED THE EXECUTIVE COMMITTEE OF THE BOARD OF
	TRUSTEES I S PROVIDED APPROPRIATE INFORMATION INCLUDING A RECOMMENDATION FOR COMPENSATION (OR
	INCREAS E IN COMPENSATION) ANY CHANGES TO COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY
	EMPLOY EES IS APPROVED BY THIS COMMITTEE
FORM 990, PART VI, SECTION C,	BABSON COLLEGE'S FINANCIAL STATEMENTS CAN BE FOUND AT WWW BABSON EDU BABSON DOES
LINE 19	NOT MAKE AVAILABLE TO THE PUBLIC OUR CONFLICT OF INTEREST POLICY, OR OTHER GOVERNING DOCUMENTS
FORM 990, PART VII, SECTION A	GARY T DICAMILLO RECEIVES NO COMPENSATION FOR HOLDING THE POSITION OF TRUSTEE. ALL HIS
	CO MPENSATION WAS FOR HIS SERVICES AS AN ADJUNCT LECTURER GORDON PRICHETT RECEIVES NO
	COMPEN SATION FOR HOLDING THE POSITION OF TRUSTEE. ALL HIS COMPENSATION WAS FOR HIS SERVICES
	AS A N ADJUNCT LECTURER MARLA M CAPOZZI RECEIVES NO COMPENSATION FOR HOLDING THE POSITION
	OF TRUSTEE ALL HER COMPENSATION WAS FOR HER SERVICE AS AN ADJUNCT LECTURER
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS EQUITY TRANSFER FROM BABSON GLOBAL \$1,500,002 ROUNDING (\$4) TOTAL \$1,499,998
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT
	TH E COMMITTEE REVIEWS AND APPROVES THE AUDITED FINANICAL STATEMENTS
<u> </u>	I control of the cont

DLN: 93493130019966

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Name of the organization Babson College

Department of the Treasury

Internal Revenue Service

Employer identification number

04-2103544

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

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total ıncome	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b) (13) controlled entity?		
						Yes	No	
(1) BABSON GLOBAL INC 231 FOREST STREET	SUPPT ORG	MA	509(A)(3)	LINE 11A, I	BABSON COLLE	Yes		
BABSON PARK, MA 02457 27-1642647								

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization ar	nswered "Ye	s" on Form	990, Part	[V, line	34
	because it had one or more related organizations treated as a partnership during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	ortionate	Code V-UBI	General	or I	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	tions?	amount in box	manag	ng	ownership
		(state or	entity	unrelated,		assets			20 of	partne	r?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)	ı		
				sections 512-						ı		
				514)								
				,			Yes	No		Yes 1	No.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
							Yes	No
(1) CHARITABLE REMAINDER UNITRUST (2)	FUNDRAISING	МА	NA	TRUST				No
ONE LINCOLN STREET BOSTON, MA 02111								

cne	dule k (Form 990) 2014		Рa	ge 3
Pa	Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	•		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No

k	Lease of facilities,	equipment, o	or other assets	from related	organization(s)

- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BABSON GLOBAL INC	В	262,423	ACTUAL COST
(2) BABSON GLOBAL INC	L	6,046,843	COST PLUS OVERH
(3) BABSON GLOBAL INC	N		INCL IN ABOVE
(4) BABSON GLOBAL INC	S	3,500,002	ACTUAL COST

1k

1m

10

1n Yes

Yes

Yes

No

No

No

No

No

No

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity			(g) Share of end-of-year assets		(h) Disproprtionate allocations? (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership			
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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