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DLN: 93493134062906

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2014	calendar year, or tax year beginning	g 07-01-2014 , and ending 06-30-20	15		
B Ch	eck ıf applıca	ble C Name of organization The College of Wooster			D Employer	ridentification number
☐ Ad	dress change				34-0714	4654
∏ Na	me change	Doing business as			_	
┌ Inr	tial return				E Telephone	numher
Fir	al urn/terminate	1101 North Bourse Chroat	nail is not delivered to street address) Room/	suite		53-2018
	ended return		ntry, and 7ID or foreign nostal code		(330)20	55-2016
_	plication pend	Wooster, OH 44691	itry, and zir of foreigh postar code		G Gross rece	eipts \$ 204,102,809
		F Name and address of prir	ncipal officer		hıs a group re	
		Georgia Nugent 1101 North Bever Street		sub	ordinates?	Γ Yes Γ No
		Wooster,OH 44691		H(b) Are	all subordina	tes
	x-exempt sta	atus	Insert no) 4947(a)(1) or 527		uded?	list (see instructions)
			insert no) 4947(a)(1) or 527	_		
		www wooster edu		H(c) Gro	oup exemption	n number ►
		ation 🔽 Corporation 🦳 Trust 🦳 Associatio	n Other ►	L Year of	formation 1866	M State of legal domicile OH
Pa	rt I S	ummary				
rance	The	ly describe the organization's missic College of Wooster is a community o nfluence in an interdependent global	f independent minds, working togethe	er to prepare s	tudents to be	come leaders of character
Governance	2 Chec	k this box দ if the organization dis	scontinued its operations or disposed	of more than	25% of its ne	et assets
	3 Numl	ber of voting members of the govern	ing body (Part VI, line 1a)		. 1	3 39
Activities &	4 Numl	ber of independent voting members (of the governing body (Part VI, line 1	b)	[4 38
¥.	5 Total	l number of individuals employed in o	calendar year 2014 (Part V, line 2a)		[5 2,442
ď	6 Total	l number of volunteers (estimate if n	ecessary)		· ·	6 1,336
			art VIII, column (C), line 12		_	7a 467,234
	b Net u	inrelated business taxable income fi	rom Form 990-T, line 34			7b 21,491
			ne 1h)		ior Year 21,899,09	Current Year 5 48,676,266
ā			ne 2g)		109,779,08	
Rayenue			(A), lines 3, 4, and 7d)		11,944,75	
걆		her revenue (Part VIII, column (A),			43,88	
			(must equal Part VIII, column (A), li	ne	142.666.01	177 545 226
)			143,666,81	
			IX, column (A), lines 1-3) X, column (A), line 4)		46,899,66	0 48,021,998
			ee benefits (Part IX, column (A), lines			
8	5-	10)			52,792,41	
Expenses			column (A), line 11e)		88,35	0 24,400
ਬੁ	b Tot	al fundraising expenses (Part IX, column (D)), line 25) • 4,637,207			
			lines 11a-11d, 11f-24e)		33,732,92	
		·	st equal Part IX, column (A), line 25)		133,513,35	
. 02	19 Re	venue less expenses Subtract line	18 from line 12		10,153,46	6 39,147,642
Not Assets or Fund Balances				Beginni	ng of Current Year	End of Year
SSet Bafa	20 To	tal assets (Part X, line 16)			498,598,17	6 528,769,973
P. P	21 To	tal liabilities (Part X, line 26)			58,270,56	2 57,793,475
			line 21 from line 20		440,327,61	4 470,976,498
Unde my k	r penalties nowledge a arer has an	and belief, it is true, correct, and comy knowledge ****** Signature of officer	amined this return, including accompanplete Declaration of preparer (other	than officer) i		
	1 1 1	Deanna S McCormick VP Finance&Business/\alpha Type or print name and title	reasurer			
		Print/Type preparer's name	Preparer's signature		HECK! II 5/	TIN 20052725
Pai	d	Zachary Fortsch Firm's name RSM US LLP	Zachary Fortsch		elf-employed ^{P(} rm's EIN ► 42-0	00052725 714325
	parer		F. O I. 200			
Use	Only	Firm's address F 1001 Lakeside Avenue	E Suite 200	Pi	none no (216) 5	23-1900

Cleveland, OH 441141152

✓ Yes ☐ No

Form 990 (2014) Part IV Checklist of Required Schedules

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

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	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $.$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4	Enter the number reported in Poy 2 of Form 1006 Enter 0 of not applicable 1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,508 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	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?	26	Vac	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
ь	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
Ja	organization solicit any contributions that were not tax deductible as charitable contributions?	_ G		
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 neclised to issue qualified nearth plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		INU

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														.IZ
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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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e l
	, and the transfer of the tran	C 7 C//C	10 00u	· · ·
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 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 20 ►Eileen Walker
 - 1101 North Bever Street Wooster, OH 44691 (330) 263-2018

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

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

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

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

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

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

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

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

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer stee)		(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

c Total from contin	nuation sheets to Part VII, Section A	►			
d Total (add lines	1b and 1c)	▶	2,186,830	0	523,198

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►30

			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 I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BCMC PO Box 422 Wooster, OH 44691	Construction/project related	2,422,322
Monticello Associates Inc 1800 Larimer St Ste 2100 Denver, CO 80202	Investment Consulting	450,000
Royall & Company 1920 E Partham Rd Richmond, VA 23228	Admissions Recruiting	315,752
Swiss Woodcraft Inc 15 Industrial St Rittman, OH 44270	Construction/project related	226,236
The Smith and Oby Company 7676 Northfield Rd Walton Hills, OH 44146	Power Plant Conversion	180,952
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Part V	•		f Dovonus					rage 3
Рагт V		Statement o	o r Revenue ule O contains a respor	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paıgns 1a	52,500				
ints	ь	Membership du	es 1b					
Gra	С	Fundraising eve	ents 1c					
IS.	_			0.020				
Gif ilar	d		zations 1d	8,938				
is,	e	Government grants	s (contributions) 1e	955,162				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	47,659,666				
trib Ott	g	Noncash contribute 1a-1f \$	ons included in lines	2,555,336				
Cont and	h	Total. Add lines	s 1 a - 1 f		48,676,266			
C								
ıne	3-	T. 15		Business Code				
Program Serwce Revenue	2a	Tuition and Fees		900099	86,461,377	86,461,377		
윤	b	Room & Board		721000	20,466,786	20,466,786		
Ace	С	Student Auxiliary S	Services	451211	1,791,074	509,392	443,256	838,426
Ser.	d	Student Services		900099	1,654,529	1,654,529		
Ē	e	Community Events	5	900099	902,424	902,424		
∕gra	f	All other progra	am service revenue		1,064,004	1,064,004		
₹	g	Total. Add lines	s 2a – 2f		112,340,194			
	3		ome (including dividen					
		and other simils	aramounts)	•	2,217,720		19,283	2,198,437
	4	Income from inves	stment of tax-exempt bond	proceeds				
	5	Royalties		►	590			590
		_	(i) Real	(II) Personal				
	6a	Gross rents Less rental	101,918 53,608	4,695				
	Ь	expenses						
	C	Rental income or (loss)	48,310 me or (loss)	4,695	53,005		4,695	48,310
	d	Net rental inco	(i) Securities	 	33,003		1,033	10,510
	7a	Gross amount from sales of assets other than inventory	17,221,965	23,539,461				
	b	Less cost or other basis and	13,704,339	12,799,636				
	c	sales expenses Gain or (loss)	3,517,626	10,739,825				
	d	Net gain or (los	ss)		14,257,451			14,257,451
Other Revenue	8a	events (not inc	ludings reported on line 1c)					
her	b	Less direct ex	penses b					
ğ	С		، (loss) from fundraising (events 🛌				
	9a		rom gaming activities ne 19 a					
	ь	Less directles	penses b					
			(loss) from gaming activ	vities				
		Gross sales of returns and allo	ınventory, less	·				
	b	Less cost of g	a oodssold b					
	С	Net income or ((loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a		_					
	Ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions		177,545,226	111,058,512	467,234	17,343,214

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
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<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al		·		
	Check if Schedule O contains a response or note to any line in this	Part IX I	(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	39,483	39,483		
2	Grants and other assistance to domestic individuals See Part IV, line 22	43,910,420	43,910,420		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	4,072,095			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,349,546	822,940	1,111,811	414,795
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	36,560,338	32,607,733	2,007,434	1,945,171
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,385,030	2,975,263	218,537	191,230
9	Other employee benefits	10,567,463	8,767,086	1,274,798	525,579
10	Payroll taxes	2,651,863	2,322,713	165,551	163,599
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	74,009	45,030	28,534	445
c	Accounting	92,337	,	92,337	
d	Lobbying	,			
e	Professional fundraising services See Part IV, line 17	24,400			24,400
f	Investment management fees	891,470	8,634	882,836	,,
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,348,111	1,872,178	202,799	273,134
12	Advertising and promotion	221,681	115,594	105,074	1,013
13	Office expenses	3,266,192	2,734,143	200,299	331,750
14	Information technology	1,587,102	1,114,429	443,572	29,101
15	Royalties	58,466	56,230	2,236	,
16	Occupancy	3,025,703	· · · · · · · · · · · · · · · · · · ·	88,486	29,853
17	Travel	2,418,182	1,838,006	128,592	451,584
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,110,102	2,000,000	123,032	
19	Conferences, conventions, and meetings	704,255	581,376	74,017	48,862
20	Interest	879,563	813,026	60,726	5,811
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,448,767	7,766,279	620,801	61,687
23	Insurance	52,680	40,551	2,000	10,129
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Cost of Goods Sold	3,438,942	3,419,144	19,798	
b	Off-campus Programs	2,577,757	2,577,757		
С	Repairs & Maintenance	1,556,708	1,436,222	109,213	11,273
d	Equipment	1,078,610	1,011,380	55,382	11,848
e	All other expenses	2,116,411	1,722,269	288,199	105,943
25	Total functional expenses. Add lines 1 through 24e	138,397,584	125,577,345	8,183,032	4,637,207
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Part X Balance Sheet

Fal	τX	Check if Schedule O contains a response or note to any line i	n this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		14,801	1	12,378
	2	Savings and temporary cash investments		13,064,658	2	6,189,676
	3	Pledges and grants receivable, net		14,109,224	3	42,240,020
	4	Accounts receivable, net		690,722	4	1,019,073
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II of	, key	5	
Assets	6	Loans and other receivables from other disqualified persons $4958(f)(1)$, persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d contributing emplo employees' benefic	yers	6	
8	7	Notes and loans receivable, net		43,200	7	29,079
⋖	8	Inventories for sale or use		601,543	-	625,025
	9	Prepaid expenses and deferred charges		865,036		973,760
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		62,168		<u>'</u>
	b	Less accumulated depreciation	10b 101,3	19,165 147,797,472	10c	142,443,003
	11	Investments—publicly traded securities		151,533,342	11	166,111,043
	12	Investments—other securities See Part IV, line 11		159,545,217	12	159,016,957
	13	Investments—program-related See Part IV, line 11		2,793,204	13	2,764,973
	14	Intangible assets			14	_
	15	Other assets See Part IV, line 11		7,539,757	15	7,344,986
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		498,598,176	16	528,769,973
	17	Accounts payable and accrued expenses		9,022,168	17	8,979,669
	18	Grants payable			18	<u> </u>
	19	Deferred revenue		1,896,868	19	2,035,653
	20	Tax-exempt bond liabilities		26,588,768	20	24,442,224
	21	Escrow or custodial account liability Complete Part IV of Sc		, ,	21	, ,
lities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquared employees.	ctors, trustees,			
Liabiliti		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third part	101,392	23	53,981	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F				
		D	20,661,366		22,281,948	
	26	Total liabilities. Add lines 17 through 25		58,270,562	26	57,793,475
s es		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	and complete			
<u>lan</u>	27	Unrestricted net assets		248,837,937	27	242,144,400
<u>8</u>	28	Temporarily restricted net assets		69,968,932	28	90,709,596
됟	29	Permanently restricted net assets		121,520,745	29	138,122,502
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here ► ┌ and			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
ΑŞ	32	Retained earnings, endowment, accumulated income, or othe	r funds		32	
Net	33	Total net assets or fund balances		440,327,614	33	470,976,498
_	34	Total liabilities and net assets/fund balances		498,598,176	34	528,769,973

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		177,5	545,226	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				147,642	
5	Net unrealized gains (losses) on investments	5			327,614 198,758	
6	Donated services and use of facilities	6			150,750	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		470,9	76,498	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. Г	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed o	n			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	☐ Separate basis ☐ 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?	tht of th	ne 2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes		

Additional Data

Software ID:

Software Version:

EIN: 34-0714654

Name: The College of Wooster

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

(Code) (Expenses \$	11,844,421	including grants of \$	452,597) (Revenue \$	2,164,244)		
Research Programs, Public & Academic Support							

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Worganizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Individual or director Highest employe Former organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee trustae (1) William A Longbrake 8 00 Χ Χ 0 0 Trustee/Board Chair 1 50 (1) William V Andrew Χ 0 0 0 Trustee (2) Sandeep Bhatia 1 50 Х 0 0 (3) Richard A Bowers 1 50 0 0 0 Х Trustee (4) Douglas F Brush 5 00 Х 0 0 0 Trustee/Committee Chair (5) Joan P Carter 1 50 0 0 0 5 00 (6) Jayne Hart Chambers Χ 0 0 0 Trustee/Committee Chair (7) Jim DeRose 1 50 Х 0 0 0 Trustee (8) Doon A Foster 1 50 Χ 0 0 0 Trustee (9) Donald R Frederico 1 50 Χ 0 0 0 (10) Stephen C Gault 5.00 Х 0 0 0 Trustee/Committee Chair (11) Thomas R Gibian 1 50 Χ 0 0 0 Trustee (12) David H Gunning 1 50 Χ 0 0 1.50 (13) Diane L Hamburger 0 0 Х 0 (14) Jennifer A Haverkamp 5 00 Χ 0 0 0 Trustee/Committee Chair (15) Leslie Hudson Χ 0 0 0 5 00 (16) Jeffrey Keefer Χ 0 0 0 Trustee/Committee Chair (17) Julia H Klein 1 50 Χ 0 0 0 Trustee (18) John W Kneen 1 50 Χ 0 0 0 (19) Donald L Kohn 5 00 Χ 0 0 0 Trustee/Committee Chair (20) Michael R Lauber 1 50 0 0 0 Х Trustee (21) Lee E Limbird 1 50 0 0 Χ 0 (22) Karen M Lockwood 5 00 Χ 0 0

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Trustee/Committee Chair

Trustee/Committee Chair (24) Lynne D McCreight

(23) Gregory A Long

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

Compensated Employees, and Inde	ependent Cór	ntracto	rs			•	•		•	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (e nan o n is b	ne b oth ctor,	ox, ι 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	Key employee	Highest compensated employee	Former			related organizations
(26) E Blake Moore Jr	1 50	x						0	0	0
Trustee (1) Mary A Neagoy	2 50									
Trustee/Committee Co-Chair		X						0	0	0
(2) Solomon Oliver Jr Trustee/Committee Co-Chair	2 50	х						0	0	0
(3) Charles S Ryan	1 50	x						0	0	0
Trustee (4) Jennifer E Saliers	1 50								_	
	1 50	x						0	0	0
Alumni Trustee (5) Mikael Salovaara	1 50									
Trustee		X						0	0	0
(6) Robert L Savitt Trustee	1 50	х						0	0	0
(7) Richard N Seaman	1 50	х						0	0	0
Trustee (8) Kenneth Shafer	1 50									
Trustee		х						0	0	0
(9) Marianne M Sprague	5 00									
Trustee/Committee Chair		X						0	0	0
(10) Sally J Staley	1 50	x						0	0	0
(11) Peter E Sundman	5 00	х						0	0	0
Trustee/Committee Chair (12) Robert Tull	1 50									
Trustee		x						0	0	0
(13) Grant H Cornwell	70 00	x		x				423,764	0	111,199
Trustee/President								423,704	0	111,199
(14) Scott Friedhoff VP for Enrollment/College Relations	60 00			х				247,181	0	52,160
(15) Laurie Houck	60 00			х				222,769	0	31,191
(16) Angela Johnston	60 00			Х				92,249	0	82,335
Secretary of College &Chief of Staff (17) Deanna S McCormick	60 00			<u> </u>						
VP Finance & Business/Treasurer				Х				163,816	0	21,838
(18) Carolyn Newton Provost	60 00			х				205,422	0	39,616
(19) Ellen Falduto Chief Information & Planning Officer	60 00				x			157,715	0	27,643
(20) Jennifer D Winge	40 00					х		147,221	0	23,103
Dean of Admission (21) W Hayden Schilling	40 00									
Professor of History						Х		138,413	0	30,639
(22) John W Sell	40 00					х		134,090	0	30,839
Professor of Economics (23) John Ramsay	40 00					X		127,316	0	15,005
Associate Dean/ Professor (24) Marcia Ann Beasley	40 00					<u> ^</u>		127,310	0	13,003
Associate VP Human Resources						x		126,874	0	57,630
	•	-	-	-	•	•	-	-		

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As Filed Data -

DLN: 93493134062906

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2011A

Open to Public Inspection

Name of the organization **Employer identification number** The College of Wooster 34-0714654 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No Total

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

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

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

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

Section D. Computation of Investment Income Percentage

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

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

18

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

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

11c

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

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

3b

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furth- excess 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 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134062906

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

ame of the organization e College of Wooster		Employer identification number
organizations Maintaining Donor		34-0714654 Funds or Accounts. Complete if the
organization answered "Yes" 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 a funds are the organization's property, subject to t		onor advised Yes No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	_	
	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	ation or education) Preservation of a	an historically important land area a certified historic structure n the form of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easeme	inte	2b
Number of conservation easements on a certified		2c 2c
Number of conservation easements included in (c	• •	20
historic structure listed in the National Register	., acquired after 0/1//00, and not on a	2d
Number of conservation easements modified, train the tax year ▶	nsferred, released, extinguished, or termina	ted by the organization during
Number of states where property subject to cons	ervation easement is located 🛌	
Does the organization have a written policy regar enforcement of the conservation easements it ho		indling of violations, and Yes No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation eas	ements during the year
Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemer	nts during the year
Does each conservation easement reported on lineard section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of so	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi	
rt IIII Organizations Maintaining Collect Complete if the organization answers	tions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its rev assets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education	
(i) Revenue included in Form 990, Part VIII, line	1	▶ \$
(ii) Assets included in Form 990, Part X		► \$449,754
If the organization received or held works of art, he following amounts required to be reported under S		for financial gain, provide the
Revenue included in Form 990, Part VIII, line 1		► \$
Accests included in Form 990 Part V		

Par	Organizations Maintaining Co	ollections of Art	t, His	torica	l Treas	ures, or Ot	her	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl		•	_		significant use	ofits	
а	Public exhibition		d	V ∟	oan or ex	change progra	ams			
b	Scholarly research		е	Γ	ther					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ain hov	w they f	urther the	organization'	s exe	mpt purpose	ın	
5	During the year, did the organization solicit								- .,	<u> </u>
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange								Yes	✓ No
-61	Part IV, line 9, or reported an air					ni aliswered	1 10	3 (0 1 0 1 1 1 1	,	
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?	dian or other interm	edıary	for con	trıbutıons	or other asse	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing tab	le	_				
							_	An	nount	
C	Beginning balance					_	1c			
d	Additions during the year					<u> </u>	1d			
e •	Distributions during the year					<u> </u>	1e			
f	Ending balance	000 5		6			1f			
2a	Did the organization include an amount on F							·	┌ Yes	□ No
ь	If "Yes," explain the arrangement in Part XI					-				<u> </u>
Pa	rt V Endowment Funds. Complete	If the organizatio		wered Prior yeai		Form 990, wo years back			(e)Four	years back
1a	Beginning of year balance	278,112,603	(5)	247,092		230,935,031	(u)11	246,688,529		223,981,868
b	Contributions	8,780,985		3,445	,945	4,406,883		2,884,168		2,673,503
c	Net investment earnings, gains, and losses	6 606 240		20.673	200	26 767 040		6 760 426		22.400.020
d	Grants or scholarships	6,696,248		38,672	,899	26,767,919		-6,769,426		32,489,920
u e	Other expenditures for facilities									
	and programs	13,136,354		11,099	,138	15,016,936		11,868,240		12,456,762
f	Administrative expenses									
g	End of year balance	280,453,482		278,112	,603	247,092,897		230,935,031	-	246,688,529
2	Provide the estimated percentage of the cui	rent year end balan	ce (lır	ne 1g, c	olumn (a))	held as				
а	Board designated or quasi-endowment ►	42 900 %								
b	Permanent endowment ► 42 980 %									
C	remporarily restricted endowinent	120 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that are	held and	admınıstered	for t	he		
	(i) unrelated organizations							3a	(i) Yes	No No
	(ii) related organizations							3a(No
b	If "Yes" to 3a(II), are the related organization		d on S	Schedul	eR?.			3	ь	
4	Describe in Part XIII the intended uses of t									
Par	t VI Land, Buildings, and Equipmed 11a. See Form 990, Part X, line		the o	rganız	ation ans	wered 'Yes'	to F	orm 990, Pa	art IV, I	ine
	Description of property	10.			st or other nvestment)	(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
				+		2,734,3	374		1	2,734,374
	Buildings				407,314	104,369,		40,573,979	9	64,203,113
	Leasehold improvements				23,298	92,711,	_	30,682,034		62,052,803
	Equipment		•		,===	32,477,8	-+	22,546,94		9,930,886
	 Other					11,038,0	-+	7,516,21	+	3,521,827
	I. Add lines 1a through 1e <i>(Column (d) must c</i>			ımn (B),	line 10(c)	.)			1	42,443,003
								Schedule [) (Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)O ther	150.016.057	-
(A) Partnerships	159,016,957	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	159,016,957	
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
	-	
Total (colaim (b) mast equal form 350, fart X, col (b) mic 15)	answered 'Yes' to Form 990	
(a) Descri		(b) Book value
Total (Column (b) must social form 2000 Port V and (D) 1	-)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga		
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	,	
Advances from Government for Student Loans Accrued Charitable Gift Apputy and Trust Obligations	4,133,427	
Accrued Charitable Gift Annuity and Trust Obligations Asset Retirement Obligation	8,533,428 2,880,793	
Accrued Postretirement Benefit O bligation	6,734,300	
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	22,281,948	
2 Liability for uncertain tay positions. In Part VIII provide	the tout of the feetnets to th	

Part	ΧI		evenue per Audited Financial Statements With Revenue p	er R	eturn Complete if
1	Tota		ered 'Yes' to Form 990, Part IV, line 12a. support per audited financial statements	1	
2			not on Form 990, Part VIII, line 12		
			1 1		
a b			- 		
_			 		
C					
d		lines 2a through 2d .		2-	
e		J		2e	
3				3	
4), Part VIII, line 12, but not on line 1		
a		·	ided on Form 990, Part VIII, line 7b . 4a		
b				_	
С -			4. (The word and Farm 000 Part I be 42.)	4c	
5 Dort			4c. (This must equal Form 990, Part I, line 12)	5	Poturn Complete
Part	VII		wered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Tota		audited financial statements	1	
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25		
a			cilities		
b	Prior	year adjustments	2b	1	
C					
d	Othe	er (Describe in Part XIII)			
e	Add	lines 2a through 2d		2e	
3		-		3	
4	A mo	unts included on Form 990	, Part IX, line 25, but not on line 1:		
а			ded on Form 990, Part VIII, line 7b 4a		
ь			4b		
c	Add	lines 4a and 4b		4c	
5			d 4c. (This must equal Form 990, Part I, line 18)	5	
Part		Supplemental Info			
Provid Part V Inform	/, line nation	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to Explanation	, provid	de any additional
Part II			The College's collection includes contemporary art, ancient pottery, ethno	oaran	his materials, rare
			books, geological rocks, biological specimens, and historical items. These education, research, scientific inquiry, and public exhibition.		
Part V ,	Line	4	The College's endowment consists of approximately 1,200 individual function of purposes. The endowment includes both donor-restricted endowment fully the Board of Trustees to function as endowments (board-designated eraccordance with GAAP, net assets associated with endowment funds are based on the existence or absence of donor-imposed restrictions. The Colleged of the existence of UPMIFA as requiring the preservation of the fair value gift date absent explicit donor instructions to the contrary. The College of restricted net assets the original gift value plus the value of subsequent gendowment. The permanent endowment is not reduced by losses on the intextent required by the donor, or by appropriations from the endowment fur of a donor-restricted fund that is not permanently restricted is classified assets until appropriated for expenditure by the College in a manner consprudence prescribed by Ohio's enacted version of UPMIFA. Appropriation used to support scholarships and loans, faculty and academic program supprizes, and the general operations of the College.	inds andown class llege of the assification of	nd funds designated nent funds) In ified and reported has interpreted O hio's coriginal gift as of the es as permanently the permanent nents, except to the eaccumulated portion in porarily restricted net with the standard of the endowment are
Part X,	Lille		The College qualifies as an organization exempt from Federal income taxa (3) of the Internal Revenue Code. As such, the College is generally not suincome taxes except for amounts derived from unrelated business activition. The College adopted the accounting standard on accounting for uncertain addresses the determination of whether tax benefits claimed or expected should be recorded in the financial statements. Under this guidance, the Cotax benefit from an uncertain tax position only if it is more likely than not sustained on examination by taxing authorities, based on the technical medical medical from the control of the College, the status of bonds issued by the College, and various positions related to the unrelated business taxable income (UBIT). The tax benefits recognized in from such a position are measured based on the largest benefit that has a likelihood of being realized upon ultimate settlement. The guidance on accommon taxes also addresses de-recognition, classification, interest and pand accounting in interim periods. At June 30, 2015 and 2014, there were benefits identified or recorded as liabilities. With few exceptions, the College aminations by tax authorities for fiscal years prior to 2012.	ubject es as ty in i to be Colleg that the erits o e pote gread countingenal e no u	to federal or state defined by the IRC ncome taxes, which claimed on a tax return e may recognize the he tax position will be of the position ntinued tax-exempt ential sources of inancial statements ter than 50 percent ng for uncertainty in ties on income taxes, inrecognized tax

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

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134062906

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Schools

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

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

Open to Public Inspection

Internal Revenue Service Name of the organization The College of Wooster

Employer identification number

	34-0/14654			
Pai	rt I		YES	NO
L	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
			100	
ŀ -	Does the organization maintain the following?	1	W	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
c	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	Yes	
	with student admissions, programs, and scholarships?	4c	Yes	
u	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d_	Yes	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	162	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C. B. 587, covering racial pondiscrimination? 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	The College is in compliance with Rev Proc 75-50. The College publishes its nondiscrimination policy in documents used for financial aid, admissions, and student programs, and has the policy posted on its website.		
Schedule E, Part I, Line 6	The College participates in various Federal Student Assistance programs including Perkins Loans, Pell Grants, and work study arrangements		

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

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493134062906

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

	e of the organization				Employer ident	ification number
Γhe (College of Wooster				34-0714654	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	organization m	aıntaın record	s to substantiate the a	amount of its grants	
	and other assistance, the gra	ıntees' elıgıbılı	ty for the grar	its or assistance, and	the selection criteria	
	used to award the grants or a	assistance?				✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			132,299,828
Ь	Total from continuation sheets to Part I	0	5			2,438,850
-	Totals (add lines 3a and 3h)	0	5			134 738 678

Schedule F (Form 990) 2014

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

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

(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)
& fees	Pacıfic - Australıa, Bruneı, Burma, Cambodia,	88		Credit to student account			
(2) Scholarships for tuition & fees	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	43	1,052,324	Credit to student account			
(3) Scholarships for tuition & fees		13		Credit to student account			
(4) Scholarships for tuition & fees		8	238,470	Credit to student account			
& fees	Mıddle East and North Afrıca - Algerıa, Bahraın, Djıboutı, Egypt,	3	·	Credit to student account			
(6) Scholarships for tuition & fees	Canada and Mexico, but but not the United States	5	·	Credit to student account			
& fees	Independent States - Armenia, Azerbijan, Belarus,	3		Credit to student account			
(8) Scholarships for tuition & fees	Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	4		Credit to student account			
(9) Student Research	Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgiu	12	11,126	Check			
(10) Student Research	East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	3	5,063	Check	83	Travel	FM∨
(11) Vocational Grant for Student	Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	1	2,250	Check			
(12) Student Research	Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	6	4,037	Check	700	Travel	FM∨
(13) Student Research	Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	3	5,762	: Check			
(14) Vocational Grant for Student	Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgiu	1	600	check			
(15) Student Research	Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	1	1,350	Check			
	South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	2	·	Check			
(17) Vocational Grant for Student	Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,			Check			
(18) Scholarship for Tuition & Fees	South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	1		Credit to student account			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	দ	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	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	্	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)	Γ	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	√	Νo

Schedule F (Form 990) 2014

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	The College follows federal, state, donor, and institutional guidelines for determining el igibility for scholarships, prizes, and other grants and awards. The College maintains records showing the selection criteria, recipient eligibility, how funds may be used, and any related party disclosures. Grants awarded by the Office of Financial Aid are credited directly to student accounts. Other grants are monitored in various ways, including reimbursing actual substantiated expenses, requiring written reports, and/or visiting sites of activities funded by College grants.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Method used to account for expenditures on organization's financial statements. Central Am erica and the Caribbean. Accrual East Asia and the Pacific. Accrual Europe (Including Icel and and Greenland). Accrual Middle East and North Africa. Accrual North America. (Canada & Mexico only). Accrual Russia and the newly independent states. Accrual South America. Accrual South Asia. Accrual Sub-Saharan Africa. Accrual.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III	Method used to account for grants on organization's financial statements. Central America and the Caribbean. Accrual East Asia and the Pacific. Accrual Europe (Including Iceland an d Greenland). Accrual Middle East and North Africa. Accrual North America (Canada & Mexico only). Accrual Russia. & the New Iy. Independent States. Accrual South America. Accrual South Asia. Accrual Sub-Saharan Africa. Accrual

Additional Data

Software ID: Software Version:

EIN: 34-0714654

Name: The College of Wooster

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		130,238,442
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Grantmaking		90,237
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Student Services	2,679

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Academic Support	312	
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Research	7,898	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Grantmaking		1,956,324	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Speaking Engagements		1,731	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Services	Academic Support	2,205	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Services	Instruction	500	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Services	Research	263	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Services	Student Services	43,238	
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Conference Travel		403	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Grantmaking		250,196	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	1	Fundraising		4,913	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Speaking Engagements		28,096	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Services	Academic Support	62,017	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Conference Travel		22,133	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Services	Research	19,040	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	1	Program Services	Student Services	81,688	
Mıddle East and North Afrıca - Algerıa, Bahraın, Djibouti, Egypt,	0	0	Grantmaking		113,650	
Mıddle East and North Afrıca - Algerıa, Bahraın, Djıboutı, Egypt,	0	0	Program Services	A cademic Support	336	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Services	Research	2,216	
North America - Canada and Mexico, but but not the United States	0	0	Grantmaking		129,500	
North America - Canada and Mexico, but but not the United States	0	0	Conference Travel		6,823	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
North America - Canada and Mexico, but but not the United States	0	0	Program Services	Academic Support	1,469	
North America - Canada and Mexico, but but not the United States	0	0	Program Services	Instruction	1,013	
North America - Canada and Mexico, but but not the United States	0	0	Program Services	Research	5,551	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
North America - Canada and Mexico, but but not the United States	0	0	Speaking Engagements		23,676	
Russia & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	0	Grantmaking		65,200	
Russia & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	1	Program Services	Research	21,156	

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 & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	0	Program Services	A cademic Support	15				
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Grantmaking		35,500				
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Speaking Engagements		751				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Services	Academic Support	356				
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Services	Research	5,559				
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	0	Grantmaking		1,054,408				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	0	Fundraising		35,312				
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	1	Program Services	Research	4,525				
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	1	Program Services	Student Services	9,170				

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				
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Grantmaking		376,297				
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Conference Travel		1,381				
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Program Services	A cademic Support	148				

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					
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Program Services	Research	31,250					
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Program Services	Student Services	205					
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	0	Speaking Engagements		896					

DLN: 93493134062906

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Inspection

Internal Revenue Service Name of the organization The College of Wooster

Department of the Treasury

10

Total.

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

34-0714654

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

1	Indicate whether the organ	zation raised funds t	hrough ar	ny of the f	follov	wing activities Che	ck all that apply	
а	Mail solicitations			е	~	Solicitation of non	-government grants	
b	✓ Internet and email solid	citations		f	~	Solicitation of gov	ernment grants	
c	Phone solicitations			g	~	Special fundraising	g events	
d	✓ In-person solicitations			_		·	-	
2a	Did the organization have a or key employees listed in	_		•		•	•	√ Yes No
b	If "Yes," list the ten highes to be compensated at least			fundraise	rs) p	ursuant to agreeme	ents under which the fur	ndraiser is
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv	(r) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
1		Fundraising/ Campaign Counsel		No		0	24,300	-24,300
2	Latham, NT 12110							
3								
4								

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

-24,300

24,300

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List		
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts						
₽ ΛΦ	2	Less Contributions						
<u>~</u>	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
£O.	5	Noncash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages .						
Direct	8	Entertainment						
ā	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()		
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
<u>Ф</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add		
Revenue				bingo/progressive bingo		col (a) through col (c))		
<u>~</u>	1	Gross revenue						
Expenses	2	Cash prizes						
xper	3	Non-cash prizes						
Dreat E	4	Rent/facility costs						
چ	5	Other direct expenses						
	6	Volunteer labor			│ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)				
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities				
а		the organization licensed to conduct				Г _{Yes} Г _{No}		
b		No," explain						
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No							
U	TI	163, EXPIAIII						

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

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

DLN: 93493134062906

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization The College of Wooster

Employer identification number 34-0714654

Part I	General	Information	on	Grants	and	<u> Assistance</u>	

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Part II 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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) City of Wooster 538 North Market Street Wooster, OH 44691	34-6003129	Governmental Org	10,000				O perating Support
(2) Trinity United Church of Christ 150 East North Street Wooster, OH 44691	34-0777657	501(c)(3)	6,000				Campus ministry, Soup and Bread program
(3) Wooster YMCA 680 Woodland Avenue Wooster, OH 44691	34-0766172	501(c)(3)	6,000				Campus ministry, Soup and Bread program

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3
3	Enter total number of other organizations listed in the line 1 table	0

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) Scholarships for Tuition and Fees	1890	43,560,657			
(2) Student Research	108	65,539	6,405	FMV	Travel
(3) Prizes-Academic Achievement & Contests	239	60,456	14,366	FMV	Books, jackets, and blankets
(4) Vocational Grants for Students	191	201,687	1,310	FMV	Travel

Part IV Supplemental II	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 College follows federal, state, donor, and institutional guidelines for determining eligibility for scholarships, prizes, and other grants and awards. The College maintains records showing the selection criteria, recipient eligibility, how funds may be used, and any related party. Before paying grants to other entities, the College obtains documentation showing the recipient is eligible to receive deductible charitable contributions. Grants awarded by the Office of Financial Aid are credited directly to student accounts. Other grants are monitored various ways, including reimbursing actual substantiated expenses, requiring written reports, and/or visiting sites of activities funded by the College grants.								

Schedule I (Form 990) 2014

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DLN: 93493134062906

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

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

Open to Public Inspection

Name of the organization The College of Wooster

Employer identification number

34-0714654

Pa	Tt 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	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	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	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				V	
	anectors, trastees, officers, filefacing the GEO/Exce	utive b	Theetor, regulating the items effected in line 14	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa-	at appl	y Do not check any boxes for methods			
	▼ Compensation committee		Written employment contract			
	☐ Independent compensation consultant	굣	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, For a related organization	art VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	tal non	nqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	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	lıne 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	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," d			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(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-MIS	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
	Tax indemnification and gross-up payments -Grant H Cornwell, President of the College, received taxable gross up payments in the amount of \$9,483 for non cash benefits the College provided Housing allowance or residence for personal use -The College provided Grant H Cornwell, the President, with a house on campus The house is used substantially for college-related purposes including meetings with students and faculty, meetings with alumni and donors, and other similar events. None of the benefit was treated as taxable income to the President. Health or social club dues or initiation feesGrant H Cornwell, the President, received a taxable benefit for country club expenses of \$4,416. The President used the club mostly for college-related purposes, including entertaining prospective donors and trustees.

Schedule J (Form 990) 2014

Additional Data

Software ID: **Software Version:**

EIN: 34-0714654

Name: The College of Wooster

Form 990, Schedule J, Part II	- Officers, Directors, Trustees, key Employees, an	a nignest compens	ateu Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(

(A) Name and Title	C	(B) Breakdown of (i) Base ompensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Grant H Cornwell, Trustee/President	(I) (II)	393,595 0	o 0	30,169 0	91,110 0	20,089 0	534,963 0	0
Scott Friedhoff, VP for Enrollment/College Relations	(I) (II)	239,133 0	0 0	8,048 0	30,213 0	21,947 0	299,341 0	0
Laurie Houck, VP Development & Alumni Relations	(I) (II)	221,673 0	0 0	1,096 0	22,319 0	8,872 0	253,960 0	0
Angela Johnston, Secretary of College &Chief of Staff	(I) (II)	91,915 0	0 0	334 0	11,822 0	70,513 0	174,584 0	0
Deanna S McCormick, VP Finance & Business/Treasurer	(I) (II)	158,750 0	0 0	5,066 0	16,125 0	5,713 0	185,654 0	0
Carolyn Newton, Provost	(I) (II)	202,518 0	o 0	2,904 0	24,958 0	14,658 0	245,038 0	0
Ellen Falduto, Chief Information & Planning Officer	(I) (II)	156,972 0	0 0	743 0	19,130 0	8,513 0	185,358 0	0
Jennifer D Winge, Dean of Admission	(I) (II)	146,925 0	0 0	296 0	14,807 0	8,296 0	170,324 0	0 0
W Hayden Schilling, Professor of History	(I) (II)	123,197 0	0 0	15,216 0	15,586 0	15,053 0	169,052 0	0
John W Sell, Professor of Economics	(I) (II)	131,576 0	0	2,514 0	16,352 0	14,487 0	164,929 0	0
Marcia Ann Beasley, Associate VP Human Resources	(I) (II)	125,833 0	0	1,041 0	12,583 0	45,047 0	184,504 0	0

DLN: 93493134062906

Open to Public

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection Employer identification number

	ne of the organization								Em	ployer id	dentifica	ation nu		
	e College of Wooster									-07146		Mio	IIIe C.	ľ
E	art I Bond Issues									-0/1/3				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Descri	ption of purpose	(g) De	efeased) O n		Pool
			1	'	1	J	1			ı		alf of suer	fina	ncing
			1	'	1	J	1		Yes	No	Yes	No	Yes	No
A	Ohio Higher Educational Facility Commission	34-6849674	67756BQW3	12-28-2005	15,8!	52,223	Educational F	acılıtıes	Х			Х		Х
В	Ohio Higher Educational Facility Commission	34-6849674	67756AY55	05-04-2010	9,9!	53,556	Educational F	acılıtıes		Х		Х		Х
c ⁻	Ohio Higher Educational Facility Commission	34-6849674	67756AGC2	05-30-2012	9,1/	82,102	Educational F	acilities		Х		Х		Х
D_	Ohio Higher Educational Facility Commission	34-6849674		04-09-2013	5,7	70,000	Educational F	acılıtıes		Х		X		Х
P	art III Proceeds						<u> </u>							
						A		В		С	\longrightarrow		D	
1	A mount of bonds retired					8,110,0		1,840,000		61	.0,000			245,000
	A mount of bonds legally defe	ased		'	1	5,095,0								
3	Total proceeds of issue			'	1	15,852,2	223	9,953,556		9,18	2,102		5	,770,000
4	Gross proceeds in reserve fu													
5	Capitalized interest from proc			'	1									
6	Proceeds in refunding escrow			'	1	550,0					9,686		5	,697,211
7	Issuance costs from proceed			'		197,2	223 197,350			18	2,416			65,270
8	Credit enhancement from pro			'										
9	Working capital expenditures	<u> </u>		'	1									
10		oceeds		'		15,105,0	200	9,756,206		5,00	0,000			
11											\longrightarrow			7,519
12														
13	Year of substantial completio	n n			_	008		2012		2013	\longrightarrow		2014	
I —					Yes	No	Yes	No	Yes		No	Yes	;	No
14					Х			X		 '	X		\dashv	Х
15	Were the bonds issued as pai	rt of an advance refur	ıdıng ıssue?		 '	X		X	X		\longrightarrow	Х	$-\!$	
16	Has the final allocation of pro	oceeds been made?			Х	1	X		Х			Х	\bot	
17	Does the organization mainta allocation of proceeds?	ain adequate books ar	nd records to supp	ort the final	x		Х		X			Х		
Pa	art IIII Private Business l	Use												
1				,		A No	Yes	B	Yes	C		Var	D	No
4				•	Yes	T IAO	Tes	No	<u>res</u>		No	Yes	<u>, </u>	NO

property financed by tax-exempt bonds?

financed property?

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

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

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Χ

	dule K (Form 990) 2014									Page Z
Par	Private Business Use (Continued)		T		T		1			
			Yes	A No	Yes	B No	Yes	C	Yes	D No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use		X	res	No X	1 es	s No	Tes	No X
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			•		•		<u> </u>		'
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х		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		х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		•						<u> </u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		х		х		Х	
Pai	t IV Arbitrage	_								
		Α	_		В	С			D	
		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?		X		X			Χ		Х
2	If "No" to line 1, did the following apply?			The state of the s		I			•	
a	Rebate not due yet?		Х		Х		х		X	
<u>ь</u>	Exception to rebate?		Х		Х			Х		Х
c	No rebate due?	Х		Х				Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		1	<u>'</u>	,	,			•	•
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		х
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Part IV Arbitrage (Continued)
---------------------	------------

	Table age (continued)											
		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			
ь	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		x		Х			
7	Has the organization established written procedures to monitor the requirements of section 148?	X		x		X		x				

Part 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 self-remediation is not available under applicable regulations?		X						

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

Keturn Kererence	Explanation
Date Rebate Computation Performed 1	Issuer Name Ohio Higher Educational Facility Commission Date the Rebate Computation was Performed 12/22/2015 Issuer Name Ohio Higher
	Educational Facility Commission Date the Rebate Computation was Performed 03/30/2015

DLN: 93493134062906

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

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

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

The College of Wooster 34-0714654 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) (e)Original (f)Balance (i)Written (d) Loan to **(g)** In (h) with organization Purpose of or from the Approved agreement? interested principal due default? organization? by board or person loan amount committee? Yes Yes Τо From No Yes No No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Dusiness Transactions Involving Interested Fersons.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: :ation's					
				Yes	No					
(1) Marguerite K Cornwell	Spouse of President	137,256	Compensation		No					

Part V	Supplementa	l Information

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

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493134062906

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization The College of Wooster

Employer identification number

				34	-0/14654			
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 1g	Method of o noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	131	2,554,438	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (ic table)	Х	1	897	Cost			
	Other► (Х	1	1	Other			
Rota	ry trumpet)	-						
	O ther ►()							
	O ther ► ()				<u> </u>			
	Number of Forms 8283 received by the for which the organization completed F				•			0
	5						Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr			, and which is not required	to be used			
	for exempt purposes for the entire ho	ldıng period	[?]			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell nor	ıcash	32a		No
ь	If "Yes," describe in Part II							
33		mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked.			
•	describe in Part II			,	,			

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the							
number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
Part I, Column (b)	The Organization is reporting the number of contributions						

Schedule M (Form 990) (2014)

DLN: 93493134062906

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization The College of Wooster **Employer identification number** 34-0714654

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	
Form 990, Part VI, Section B, line 12c	The College respects the right of its trustees, officers, facuity, and staff members to en gage in outside business, financial, service, and/or other activities, recognizing that co inflicts of interest do arise from time to time, and that these conflicts 1. May result from the individual's relationships with outside organizations, persons, or causes reflecting the person's prominence, reputation, and influence, and 2. Need not be harmful, and, indeed may be favorable, to the College's interests, as long as they are disclosed and unders tood in the College's decision-making processes. Such real or apparent conflicts are not considered detrimental if 1. They are fully disclosed to the appropriate designated senior staff member or the Audit Committee of the Board, 2. Their nature is known and understood by the individual's immediate supervisor and the appropriate senior staff member for faculty and staff employees, and the Audit Committee of the Board of Trustees for senior staff members, the president, and trustees, 3. Disclosure is made at the earliest practicable time, 4. The commitment of time to these activities does not interfere with the individual's duties, 5. The trustee or employee refrains from participating in College matters related to such activities, and 6. The trustee or employee always acts in a manner that fosters the objectives of the College's core mission to provide the best possible educational experience for Wooster's students, to provide the proper environment for faculty to teach, and to responsibly steward the College's financial, human, and physical resources. Conflict of interest questionnaires are completed annually by all trustees and each officer, senior staff, faculty, and staff member who is currently serving the College and who has authority to requisition, purchase, or contract for materials or services for the College, or who has responsibility for approving the same. The Chair of the Audit Committee reviews all questionnaires on an annual basis. The Conflict of interest policy
Form 990, Part VI, Section B, line 15	The Executive Committee of the Board of Trustees reviews surveys conducted by the Great La kes Colleges Association (GLCA) and joint payroll surveys conducted by the GLCA and Associated Colleges of the Midwest (ACM) Compensation arrangements for the President are reviewed and approved by independent members of the Executive Committee. The President's compensation is determined based on reference to the salary surveys and the President's job performance. Recommended compensation arrangements for other senior officers and staff are developed by the President in consultation with the Chairman of the Board and are based on the above-mentioned salary surveys, job performance, and experience in the position. These recommendations are presented to the full Executive Committee for discussion and approval. Compensation decisions made by the Executive Committee affecting the President and other senior officers are reported to the full Board of Trustees.
Form 990, Part VI, Section C, line 18	The College filed its Form 1023 before July 15, 1987 and did not have a copy of this filin g as of that date. Under the regulations of the Internal Revenue Code, the College is not required to make its Form 1023 available for public inspection. The Form 990 and Form 990-T are available upon request.
Form 990, Part VI, Section C, line 19	The College posts its audited financial statements on the College website (www wooster edu) The College does not make its governing documents or conflict of interest policy availa ble to the public

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DLN: 93493134062906

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.

Department of the Treasury Internal Revenue Service

Name of the organization The College of Wooster

Employer identification number

34-0714654

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

	=		· ·	•	
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wooster Technology Group LTD 1101 North Bever Street Wooster, OH 44691 26-3895769	Holds Patents	ОН	11,823	44,268	The College of Wooster
(2) The Wooster Inn Management Company LTD 1101 North Bever Street Wooster, OH 44691 26-4321151	Inn Management	ОН	19,698	107,141	The College of Wooster

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b) ntrolled
						Yes	No
(1) Great Lakes Colleges Association Inc 535 West William Ann Arbor, MI 48103 38-1678376	Education Consortium	MI	501(c)(3)	Line 11a, I	N/A		No
(2) The Five Colleges of Ohio 209 Chase Avenue Eaton Center Gambier, OH 43022 31-1440434	Education Consortium	ОН	501(c)(3)	Line 11a, I	N/A		No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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)	(i)	(j)		(k
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percer
related organization	1	domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ons?	amount in box	manaç	jing	owne
	1	(state or	entity	unrelated,		assets			20 of	partne	er?	
	1	foreign		excluded from					Schedule K-1	1		
· · · · · · · · · · · · · · · · · · ·	1	country)		tax under					(Form 1065)	1		
	1			sections 512-						1		
	<u>'</u>			514)					, ,	—		
							Yes	No		Yes	No	
									1			

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro entr	n 512 13) olled
							Yes	No
(1) Pooled Income Fund (2)	Pooled Income Fund	ОН	The College of Wooster	Т			Yes	
(2) Charitable Remainder Trust (5)	Charitable Trust	ОН	The College of Wooster	Т			Yes	
(3) Chantable Lead Trust (1)	Chantable Trust	ОН	The College of Wooster	Т			Yes	

Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, lind	e 34, 35b, or 36.		age 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	ated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c	Yes	
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)			11		No
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	ו	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes	
• Sharing of paid employees with related organization(s)			10	Yes	
p Reimbursement paid to related organization(s) for expenses			1p	Yes	
q Reimbursement paid by related organization(s) for expenses			19		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolve	ed
	1				

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

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

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

Schedule R (Form 990) 2014

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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