

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 76,741,667 including grants of \$ 28,682,865) (Revenue \$ 126,811,684)
EDUCATION AND AUXILIARY SEE SCHEDULE O	

4b	(Code) (Expenses \$ 11,716,763 including grants of \$) (Revenue \$)
ACADEMIC SUPPORT SEE SCHEDULE O	

4c	(Code) (Expenses \$ 12,970,623 including grants of \$) (Revenue \$ 146,201)
STUDENT SERVICES SEE SCHEDULE O	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 7,931,770 including grants of \$ 191,667) (Revenue \$ 10,631,574)	

4e	Total program service expenses ▶ 109,360,823
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Part IV Checklist of Required Schedules

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

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	222	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	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.	2a	1,159	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
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.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section 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	1a	31		
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	1b	29		
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		Yes	
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				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		Yes	
13 Did the organization have a written whistleblower policy?	13		Yes	
14 Did the organization have a written document retention and destruction policy?	14		Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		Yes	
b Other officers or key employees of the organization	15b		Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	MA
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	ANTHONY FERULLO 376 HALE STREET BEVERLY BEVERLY, MA 01915 (978) 232-2384

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,595,510	0	488,494

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **78**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
LYNN BAK, 20 CHANNEL POINT RD YARMOUTH, MA 04096	PROGRAM MANAGEMENT	195,257
EDGEPRO FLOORING, 248 SOUTH MAIN STREET MIDDLETON, MA 01949	FLOORING	154,254
EVIDENCE IN MOTION LLC, 13000 EQUITY PLACE SUITE 105 LOUISVILLE, KY 40223	PROGRAM MANAGEMENT	131,250
KPMG LLP, 60 SOUTH STREET BOSTON, MA 02111	ACCOUNTING	124,150
FAMILY MEDICINE ASSOCIATES LLC, 100 CUMMINGS CENTER STE 339G BEVERLY, MA 01915	MEDICAL CARE	107,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	99,973		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	642,733		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,667,801		
	g	Noncash contributions included in lines 1a-1f \$		135,565		
	h	Total. Add lines 1a-1f		3,410,507		
Program Service Revenue	2a	TUITION AND FEES	Business Code 611710	93,807,424	93,807,424	
	b	RESIDENCE AND DINING	721000	33,004,260	33,004,260	
	c	CONFERENCE & EDUCATION SERVICES	611710	8,361,053	341,801	8,019,252
	d	PROJECT EVALUATION SERVICES	900099	675,121	675,121	
	e	PARKING FINES AND FEES	900099	406,154	406,154	
	f	All other program service revenue		602,063	226,111	375,952
	g	Total. Add lines 2a-2f		136,856,075		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,616,088	-172
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		0		
6a		Gross rents	(i) Real 0	(ii) Personal 0		
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)		0		
7a		Gross amount from sales of assets other than inventory	(i) Securities 7,094,048	(ii) Other 0		
b		Less cost or other basis and sales expenses	5,867,987			
c		Gain or (loss)	1,226,061	0		
d		Net gain or (loss)		1,226,061		1,226,061
8a		Gross income from fundraising events (not including \$ 99,973 of contributions reported on line 1c) See Part IV, line 18				
a			86,909			
b		Less direct expenses	b	83,062		
c		Net income or (loss) from fundraising events		3,847		3,847
9a		Gross income from gaming activities See Part IV, line 19				
a			0			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities		0		
10a		Gross sales of inventory, less returns and allowances				
a			0			
b		Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
11a	PRIOR DEFERRED REVENUE EARNED	900099	331,000	331,000		
b	BOOKSTORE COMMISSION	900099	83,269	83,269		
c	VENDING COMMISSION	900099	62,932	62,932		
d	All other revenue		256,183	256,183		
e	Total. Add lines 11a-11d		733,384			
12	Total revenue. See Instructions		143,845,962	129,194,255	8,395,032	2,846,168

Part IX Statement of Functional Expenses

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

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

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	191,667	191,667		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	27,884,247	27,884,247		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	798,618	798,618		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,029,417	1,088,349	873,959	67,109
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	290,835	290,835		
7	Other salaries and wages.	40,986,800	35,358,740	4,874,913	753,147
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,404,147	2,004,351	372,619	27,177
9	Other employee benefits.	5,529,624	4,607,423	859,693	62,508
10	Payroll taxes.	2,902,870	2,420,139	449,916	32,815
11	Fees for services (non-employees):				
a	Management.	4,864,841	4,864,841		
b	Legal.	9,524		9,524	
c	Accounting.	243,850		243,850	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	97,000			97,000
f	Investment management fees.	102,166		102,166	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,079,168	1,282,423	746,987	49,758
12	Advertising and promotion.	655,177	551,687	103,415	75
13	Office expenses.	2,261,499	1,882,288	327,722	51,489
14	Information technology.	1,608,027		1,608,027	
15	Royalties.	0			
16	Occupancy.	3,644,327	3,729,408	-106,562	21,481
17	Travel.	1,223,227	1,075,029	123,607	24,591
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	2,908,244	2,829,103	74,981	4,160
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	7,194,466	6,998,704	184,150	11,612
23	Insurance.	910,965	887,419	23,546	
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.)				
a	FOOD SERVICE	6,906,611	6,797,211	88,795	20,605
b	SMALL/NON-CAPITALIZED EQUIP	805,497	757,610	47,034	853
c	PRINTING/PUBLICATIONS	752,770	597,796	97,624	57,350
d	OTHER MISCELLANEOUS EXPENSES	3,487,190	2,462,935	933,422	90,833
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	122,772,774	109,360,823	12,039,388	1,372,563
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		5,829,904	1	10,689,182	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		2,344,144	3	1,441,203	
	4	Accounts receivable, net		3,647,299	4	3,483,334	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		803,316	9	1,087,043	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	281,700,229			
	b	Less: accumulated depreciation	10b	61,329,805	204,536,978	10c	220,370,424
	11	Investments—publicly traded securities		53,951,448	11	56,770,074	
	12	Investments—other securities. See Part IV, line 11		10,708,697	12	10,495,229	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		755,000	15	644,073	
16	Total assets. Add lines 1 through 15 (must equal line 34)		282,576,786	16	304,980,562		
Liabilities	17	Accounts payable and accrued expenses		9,588,598	17	9,052,463	
	18	Grants payable		0	18	0	
	19	Deferred revenue		10,232,624	19	10,031,193	
	20	Tax-exempt bond liabilities		50,568,248	20	49,163,347	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		21,598,948	23	29,070,865	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		8,869,794	25	11,444,127	
	26	Total liabilities. Add lines 17 through 25		100,858,212	26	108,761,995	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		171,324,553	27	187,236,050	
	28	Temporarily restricted net assets		3,784,327	28	2,116,557	
	29	Permanently restricted net assets		6,609,694	29	6,865,960	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		181,718,574	33	196,218,567	
	34	Total liabilities and net assets/fund balances		282,576,786	34	304,980,562	

Part XI **Reconciliation 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	143,845,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,772,774
3	Revenue less expenses Subtract line 2 from line 1	3	21,073,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	181,718,574
5	Net unrealized gains (losses) on investments	5	-3,995,940
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,577,255
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	196,218,567

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-2103567
Name: ENDICOTT COLLEGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS J ALEXANDER TRUSTEE- CHAIRMAN OF THE BOARD	3 0 0 0	X		X				0	0	0
ERIKA ANGLE TRUSTEE	1 0 0 0	X						0	0	0
E LORRAINE BAUGH TRUSTEE	1 0 0 0	X						0	0	0
MIZRA CIFRIC TRUSTEE	1 0 0 0	X						0	0	0
LINDA CLEARY TRUSTEE - BEGAN 10/15	1 0 0 0	X						0	0	0
CHAD CRANDELL TRUSTEE - CLERK	3 0 0 0	X		X				0	0	0
ALISA DE GASPE BEAUBIEN TRUSTEE - BEGAN 10/15	1 0 0 0	X						0	0	0
W ANDERSON DEVEREAUX TRUSTEE	2 0 0 0	X						0	0	0
ROBERT FANNING TRUSTEE	2 0 0 0	X						0	0	0
JOSEPH GRIMALDI TRUSTEE - END 10/15	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA HEFTLER TRUSTEE	1 0 0 0	X						0	0	0
MELISSA HEMPSTEAD TRUSTEE	2 0 0 0	X						0	0	0
WILLIAM F HOWARD TRUSTEE - TREASURER	3 0 0 0	X		X				0	0	0
VIRGINIA JUDGE TRUSTEE	1 0 0 0	X						0	0	0
JOHN KAVANAGH TRUSTEE	1 0 0 0	X						0	0	0
JACOB KIDDER TRUSTEE	2 0 0 0	X						0	0	0
FRANK C MANGANARO TRUSTEE - BEGAN 10/15	1 0 0 0	X						0	0	0
MARSHA A MCDONOUGH TRUSTEE	1 0 0 0	X						0	0	0
CYNTHIA MERKLE TRUSTEE - VICE CHAIR	3 0 0 0	X		X				0	0	0
ELIZABETH MOORE TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAYLE PIRAINO TRUSTEE	1 0 0 0	X						0	0	0
HELEN POST TRUSTEE	1 0 0 0	X						0	0	0
MYRT HARPER ROSE TRUSTEE	1 0 0 0	X						0	0	0
SUSAN SALICE TRUSTEE	1 0 0 0	X						0	0	0
ERNEST M SANTIN TRUSTEE	2 0 0 0	X						0	0	0
JOANNA SCHULMAN TRUSTEE	1 0 0 0	X						0	0	0
ELIZABETH SCHWARTZ TRUSTEE - BEGAN 10/15	1 0 0 0	X						0	0	0
JAMES SCULLY TRUSTEE	1 0 0 0	X						0	0	0
JEAN SMOCK TRUSTEE - END 10/15	1 0 0 0	X						0	0	0
W THOMAS SPENCER JR TRUSTEE	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM W VAN LOAN TRUSTEE - END 10/15	1 0 0 0	X						0	0	0
ANTHONY J VENUTI TRUSTEE	1 0 0 0	X						0	0	0
CHERYL VICKERY TRUSTEE - END 10/15	1 0 0 0	X						0	0	0
CHARLENE I WAX TRUSTEE	2 0 0 0	X						0	0	0
RICHARD E WYLIE PRESIDENT	60 0 0 0	X		X				483,433	0	91,275
ANTHONY FERULLO VP OF FINANCE-BEGAN 4/1/16	50 0 0 0			X				168,445	0	39,771
LYNNE O'TOOLE EXEC VP/VP FINANCE-END 3/31/16	50 0 0 0			X				297,338	0	53,381
THOMAS REDMAN VP ADMISSION/ FINANCIAL AID	42 0 0 0				X			300,151	0	54,191
DENNIS MONACO DIRECTOR, PHYSICAL PLANT	45 0 0 0				X			187,929	0	32,548
LAURA ROSSI-LE VP AND DEAN OF COLLEGE	50 0 0 0				X			183,152	0	48,962

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID VIGNERON VP INSTITUTIONAL ADVANCEMENT	50 0 0 0					X		235,451	0	43,578
KAREN ABBOTT GENERAL COUNSEL	50 0 0 0					X		205,098	0	34,188
MARY HUEGEL VP/ DEAN GRAD AND PROF STUDIES	40 0 0 0					X		181,278	0	34,586
SARA QUAY DEAN, SCHOOL OF EDUCATION	40 0 0 0					X		179,914	0	20,510
KELLY FISHER DEAN, SCHOOL OF NURSING	40 0 0 0					X		173,321	0	35,504

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I

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)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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 _____

5

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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).**

11

☐

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

a

☐

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.**

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.**

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.**

d

☐

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.**

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	3,750,124	4,888,247	4,270,396	5,294,315	3,410,507	21,613,589
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,750,124	4,888,247	4,270,396	5,294,315	3,410,507	21,613,589
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)						898,872
6 Public support. Subtract line 5 from line 4						20,714,717

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	3,750,124	4,888,247	4,270,396	5,294,315	3,410,507	21,613,589
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	937,146	1,185,559	875,770	1,443,061	1,616,260	6,057,796
9 Net income from unrelated business activities, whether or not the business is regularly carried on				131,162	400,138	531,300
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	696,556	622,695	858,743	869,307	820,293	3,867,594
11 Total support. Add lines 7 through 10						32,070,279

12 Gross receipts from related activities, etc (see instructions) **12** 546,966,780

13 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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	64.592 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	63.920 %

- 16a 33 1/3% support test—2015.**If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support test—2014.**If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10%-facts-and-circumstances test—2015.**If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2014.**If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.**If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III 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 in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 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

	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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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)? 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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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? If "Yes," provide detail in Part VI .		
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 .		
10a 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.		
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.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>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.</i></div>		
<div>b</div> <div>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? <i>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.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

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

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☒ Public exhibition

b ☒ Scholarly research

c ☒ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	64,555,615	62,288,454	51,511,542	44,884,187	38,696,875
b Contributions	4,150,853	2,426,760	3,752,372	2,285,280	6,245,559
c Net investment earnings, gains, and losses	-1,297,073	85,590	7,233,520	4,446,485	39,456
d Grants or scholarships	247,491	124,939	130,987	104,410	97,703
e Other expenditures for facilities and programs		120,250	77,993		
f Administrative expenses					
g End of year balance	67,161,904	64,555,615	62,288,454	51,511,542	44,884,187

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 89 710 %

b Permanent endowment ▶ 9 450 %

c Temporarily restricted endowment ▶ 0 840 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	0	10,884,132		10,884,132
b Buildings	0	249,627,047	46,781,559	202,845,488
c Leasehold improvements				
d Equipment	0	20,094,659	13,757,914	6,336,745
e Other	0	1,094,391	790,332	304,059
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				220,370,424

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	108,487,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,995,941
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-31,260,120
e	Add lines 2a through 2d	2e	-35,256,061
3	Subtract line 2e from line 1	3	143,743,796
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,166
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	102,166
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	143,845,962

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	93,987,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	93,987,743
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,166
b	Other (Describe in Part XIII)	4b	28,682,865
c	Add lines 4a and 4b	4c	28,785,031
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	122,772,774

Part XIII

Supplemental Information

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

Return Reference	Explanation
COLLECTIONS OF ART	PART III, LINE 4 ENDICOTT COLLEGE DOES NOT HAVE A SEPARATE ART COLLECTION REPORTED IN THE FINANCIAL STATEMENT. HOWEVER, ENDICOTT'S LIBRARY HOUSES COLLECTIONS OF BOOKS, PERIODICALS, AND OTHER REFERENCE MATERIALS. WITHIN THE LIBRARY IS AN ARCHIVES & MUSEUM. THE PURPOSE OF THE ARCHIVES & MUSEUM IS TO PRESERVE, INTERPRET, AND EXHIBIT THE HISTORY OF THE COLLEGE. THIS IS ACCOMPLISHED THROUGH A PERMANENT COLLECTION THAT INCLUDES, BUT IS NOT LIMITED TO, ARCHIVAL DOCUMENTS THAT CHRONICLE THE DEVELOPMENT OF THE COLLEGE, PHOTOGRAPHS, EPHEMERA, ORAL HISTORY, AND ARTIFACTS. THE ARCHIVES & MUSEUM ENHANCES THE APPRECIATION AND UNDERSTANDING OF ENDICOTT COLLEGE'S HERITAGE, SHOWS THE EVOLUTION AND GROWTH OF THE INSTITUTION, AND THE INFLUENCE THE INSTITUTION HAS WITHIN THE EXTENDED COMMUNITY.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
UNCERTAIN TAX POSITIONS	PART X, LINE 2 THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE THE COLLEGE BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS THE COLLEGE GENERALLY DOES NOT PROVIDE FOR INCOME TAXES SINCE IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ASC 740, INCOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND REQUIRES ACCRUAL OF AN UNCERTAIN TAX POSITION ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IN THE EVENT OF AN EXAMINATION BY TAX AUTHORITIES IN EVALUATING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD, THE COLLEGE MUST PRESUME THAT THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION ASC 740 ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES ALONG WITH ANY RELATED INTEREST OR PENALTIES TAX POSITIONS DEEMED TO MEET THE "MORE LIKELY THAN NOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE IN THE CURRENT YEAR THE COLLEGE HAS ANALYZED ALL OPEN TAX YEARS, DEFINED BY STATUTES OF LIMITATIONS, FOR ALL MAJOR JURISDICTIONS OPEN TAX YEARS ARE THOSE THAT ARE OPEN FOR EXAM BY TAXING AUTHORITIES MAJOR JURISDICTIONS FOR THE COLLEGE INCLUDE FEDERAL AND THE STATE OF MASSACHUSETTS AS OF JUNE 30, 2016, OPEN FEDERAL AND MASSACHUSETTS TAX YEARS FOR THE COLLEGE INCLUDE THE TAX YEARS ENDED JUNE 30, 2012, THROUGH JUNE 30, 2015 THE COLLEGE HAS NO EXAMINATIONS IN PROGRESS THE COLLEGE BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS
OTHER REVENUE INCLUDED ON FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XI, LINE 2D CHANGE IN LIABILITY FOR INTEREST RATE SWAP (2,577,255) SCHOLARSHIPS (28,682,865) ----- TOTAL (31,260,120)
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B SCHOLARSHIPS 28,682,865

SCHEDULE E
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Schools

►Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization ENDICOTT COLLEGE	Employer identification number 04-2103567
--	--

Part I

	YES	NO
1 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	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d 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	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 Yes	

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
NONDISCRIMINATORY POLICY	PART I, LINE 3 ENDICOTT'S STATEMENTS ON NONDISCRIMINATION CAN BE FOUND IN ALL MAJOR DOCUMENTS OF THE COLLEGE INCLUDING THE UNDERGRADUATE AND GRADUATE CATALOGS, EMPLOYEE HANDBOOK, STUDENT HANDBOOK, INTERNSHIP DIRECTORY, FACTS AND FIGURES, ANNUAL REPORT, SOUNDINGS MAGAZINE AND MANY OTHER DOCUMENTS PUBLISHED BY THE COLLEGE. THE STATEMENT IS ALSO LOCATED ON THE COLLEGE WEBSITE AND IN MANY OF ONLINE PUBLICATIONS
FINANCIAL AID OR ASSISTANCE	PART I, LINE 6A ENDICOTT COLLEGE PARTICIPATES IN FEDERAL STUDENT AID PROGRAMS AS WELL AS MASSACHUSETTS STUDENT AID PROGRAMS

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space 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	2				9,480,494
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2				9,480,494

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) ENDICOTT STUDENT AID	Europe (Including Iceland and Greenland)	126	523,343	ACCT CREDIT			
(2) ENDICOTT STUDENT AID	East Asia and the Pacific	56	233,850	ACCT CREDIT			
(3) ENDICOTT STUDENT AID	Central America and the Caribbean	1	4,125	ACCT CREDIT			
(4) ENDICOTT STUDENT AID	Middle East and North Africa	2	5,000	ACCT CREDIT			
(5) ENDICOTT STUDENT AID	South Asia	1	3,750	ACCT CREDIT			
(6) ENDICOTT STUDENT AID	Sub-Saharan Africa	9	28,550	ACCT CREDIT			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 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)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes ☐ No
- 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)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☒ Yes ☐ No

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
MONITOR THE USE OF GRANT FUNDS OUTSIDE OF THE U S	PART I, LINE 2 THE PROCEDURE FOR AWARDING SCHOLARSHIP AID TO STUDENTS STUDYING ABROAD FOLLOWS THE SAME PROCEDURE AS SCHOLARSHIP AID AWARDED TO STUDENTS STUDYING AT THE BEVERLY, MASSACHUSETTS CAMPUS STUDENTS ARE AWARDED AID BASED ON MERIT AND/OR FINANCIAL NEED ALL STUDENTS MUST APPLY FOR FINANCIAL AID AND SUBMIT A FREE APPLICATION FOR STUDENT AID (FAFSA) EACH APPLICANT'S FINANCIAL STATUS IS EVALUATED SO THAT AWARDS WILL ACCOMMODATE A PARTICULAR STUDENT'S NEED STUDENTS MAY ALSO BE CONSIDERED FOR ENDICOTT PRESIDENTIAL ACADEMIC SCHOLARSHIPS ALL STUDENT AID RECORDS ARE MAINTAINED IN THE OFFICE OF FINANCIAL AID AND ARE REVIEWED IN THE COURSE OF FINANCIAL AND A-133 AUDITS PERFORMED BY KPMG LLP STUDENTS STUDYING ABROAD ARE BILLED TUITION AT ENDICOTT'S RATE OR THE STUDY ABROAD PROGRAM'S RATE IF IT IS HIGHER STUDENTS ARE BILLED FOR THE PROGRAM'S HOUSING ACCOMMODATIONS AND ANY OTHER FEES CHARGED BY THE PROGRAM STUDENT AID AWARDS ARE POSTED TO STUDENT ACCOUNTS, THEREBY REDUCING THE AMOUNT THE FAMILY MUST REMIT TO THE COLLEGE PAYMENT IS MADE BY THE COLLEGE TO THE STUDY ABROAD AGENCY OR UNIVERSITY UPON RECEIPT OF AN INVOICE AND DETERMINATION THAT THE STUDENT HAS PAID ENDICOTT

Additional Data

Software ID:

Software Version:

EIN: 04-2103567

Name: ENDICOTT COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	1,216,656
East Asia and the Pacific			Program Services	STUDY ABROAD	422,072
Central America and the Caribbean			Program Services	STUDY ABROAD	5,640

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			Program Services	STUDY ABROAD	3,830
Sub-Saharan Africa			Program Services	STUDY ABROAD	36,988
Middle East and North Africa			Program Services	STUDY ABROAD	10,356

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	2		Program Services	FOREIGN CAMPUS	66,265
Central America and the Caribbean			Investments		7,718,687

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
04-2103567

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CELEBRITY MARKETING INC 180 CANAL STREET BOSTON, MA 02114	SEE PART IV		No	60,500	78,000	-17,500
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				60,500	78,000	-17,500

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing
- AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GOLF TOURNAMENT (event type)	CAR SHOW (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	92,241	51,936	42,705	186,882
	2 Less Contributions	63,559	19,045	17,369	99,973
	3 Gross income (line 1 minus line 2)	28,682	32,891	25,336	86,909
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,840		7,394	15,234
	7 Food and beverages	7,000	17,730	5,374	30,104
	8 Entertainment				
	9 Other direct expenses	6,929	26,113	4,682	37,724
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				83,062
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				3,847

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

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

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
FUNDRAISER REGISTRATION	PART I, LINE 1 THE COLLEGE ENGAGED NATIONAL CORPORATE RESEARCH (NCR) TO REGISTER ENDICOTT AS A FUNDRAISER IN ALL 50 STATES AND THE DISTRICT OF COLUMBIA THE STATES ARE LISTED IN PART I, LINE 3 HOWEVER, THE REGISTRATIONS (AND PAYMENT TO NCR) DID NOT TAKE PLACE UNTIL FISCAL 2016
CELEBRITY MARKETING, INC	PART I, LINE 2B CELEBRITY MARKETING, INC DEVELOPED SPONSORSHIP PACKAGES FOR NAMING RIGHTS OF THE ARENA AND ASSISTED WITH EVENT PLANNING FOR THE ARENA

2015

04-2103567

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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
MONITORING THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2 IN RECOGNITION OF THE CLOSE RELATIONSHIP BETWEEN THE COLLEGE AND THE CITY OF BEVERLY, AN ANNUAL GIFT IS PRESENTED TO THE MAYOR OF THE CITY TO ASSIST IN THE FURTHERANCE OF THE CITY OF BEVERLY'S INITIATIVES THE COLLEGE PROVIDED BEVERLY MAIN STREETS WITH GENERAL SUPPORT TO PROMOTE AND ENHANCE DOWNTOWN BEVERLY'S ECONOMIC VITALITY, CULTURAL AND HISTORIC RESOURCES AND QUALITY OF LIFE ENDICOTT COLLEGE PROVIDES SCHOLARSHIP AND GRANT AID TO ELIGIBLE STUDENTS THROUGH ITS OWN RESOURCES, AS WELL AS FEDERAL AND STATE PROGRAMS TO QUALIFY FOR SCHOLARSHIP OR GRANT AID, A STUDENT MUST BE ENROLLED IN AN APPROVED PROGRAM AND BE IN GOOD ACADEMIC STANDING MOST OF THE AID PROGRAMS REQUIRE THAT A STUDENTS DEMONSTRATE FINANCIAL NEED ENDICOTT AWARDS ARE MADE ON A FUNDS-AVAILABLE BASIS TO DESERVING STUDENTS THE COLLEGE MAKES EVERY EFFORT TO ENSURE THAT A QUALITY EDUCATION IS AVAILABLE TO ALL STUDENTS, REGARDLESS OF INCOME LEVEL, RACE, RELIGION, DISABILITY, NATIONAL OR ETHNIC ORIGIN, AGE, OR GENDER

Additional Data

Software ID:
Software Version:
EIN: 04-2103567
Name: ENDICOTT COLLEGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BEVERLY 191 CABOT STREET BEVERLY, MA 01915	99-9999999	GOV'T	166,667				GENERAL SUPPORT
BEVERLY MAIN STREETS 248 CABOT STREET BEVERLY, MA 01915	56-2306350	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f) Description of non-cash assistance
ENDICOTT YELLOW RIBBON	11	44,582			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENDICOTT NEED-BASED SCHOLARSHIPS	1539	13,183,905			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENDICOTT MERIT/ACADEMIC SCHOLARSHIPS	1708	13,682,561			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEXICO TRANSFERS SCHOLARSHIP	4	60,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f) Description of non-cash assistance
FEDERAL SEOG GRANT	130	133,199			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIAL/PRESIDENT'S DISCRETIONARY SCHOLARSHIP	32	292,225			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MA GILBERT GRANT/MA PT STUDENT GRANT	137	175,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENDOWMENT AND DONOR RESTRICTED SCHOLARSHIPS	362	277,275			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f) Description of non-cash assistance
ENDICOTT ROTC GRANT	7	35,000			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

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
BENEFITS	PART I, LINE 1A TAX IDENMIFICATION AND GROSS UP PAYMENTS THE VP OF INSTITUTIONAL ADVANCEMENT RECEIVES A GROSS UP PAYMENT ON A TAXABLE LIFE INSURANCE POLICY THAT THE COLLEGE PROVIDED TO THIS INDIVIDUAL HOUSING ALLOWANCE DR WYLIE LIVES IN ON-CAMPUS HOUSING FOR THE CONVENIENCE OF ENDICOTT COLLEGE AND THE HOUSING IS THEREFORE NOT TAXABLE THE RESIDENCE IS USED EXTENSIVELY FOR COLLEGE FUNCTIONS DR WYLIE'S FAMILY HAS NEVER LIVED IN THE ON-CAMPUS RESIDENCE PROVIDED TO HIM, HE MAINTAINS A PERSONAL RESIDENCE IN ANOTHER CITY THE VALUE OF THE HOUSING ALLOWANCE IS INCLUDED IN SCHEDULE J, PART II UNDER COLUMN(D) NONTAXABLE BENEFITS
METHODS TO ESTABLISH COMPENSATION	PART 1, LINE 3 THE PRESIDENT IS COMPENSATED IN ACCORDANCE WITH A MULTI-YEAR COMPENSATION PLAN THAT IS BASED UPON RESEARCH ON COMPENSATION AWARDED TO PRESIDENTS IN SIMILAR INSTITUTIONS, TOGETHER WITH AN APPRAISAL OF THE PRESIDENT'S PERFORMANCE THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD OF TRUSTEES ON AN ANNUAL BASIS IN AUGUST 2012 AN OUTSIDE CONSULTANT WAS ENGAGED TO COMPLETE AN EXECUTIVE COMPENSATION SURVEY THE SURVEY INCLUDED 19 PEER COLLEGES THE RESULTS OF THE SURVEY ESTABLISHED THE PRESIDENT'S COMPENSATION IS APPROPRIATE
EQUITY-BASED COMPENSATION ARRANGEMENT	PART 1, LINE 4C DR RICHARD E WYLIE, PRESIDENT, RECEIVED PAYMENT FROM AN EQUITY-BASED COMPENSATION ARRANGEMENT DR WYLIE RECEIVED \$45,226 FROM THIS AGREEMENT DURING CALENDAR YEAR 2015
COMPENSATION	PART II LYNNE B O'TOOLE, EXECUTIVE VICE PRESIDENT AND VICE PRESIDENT OF FINANCE, IS COMPENSATED IN ACCORDANCE WITH AN AGREEMENT THAT PROVIDES FOR A RETIREMENT/SEPARATION PAYMENT EQUAL TO \$50,000 FOR EACH YEAR AFTER SEPTEMBER 1, 2009, THAT SHE HAS WORKED THE 2015 COMPENSATION IS INCLUDED IN TAXABLE WAGES

Additional Data

Software ID:
Software Version:
EIN: 04-2103567
Name: ENDICOTT COLLEGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD E WYLIE PRESIDENT	(i)	433,035	45,226	5,172	39,200	52,075	574,708	0
	(ii)	0	0	0	0	0	0	0
1ANTHONY FERULLO VP OF FINANCE-BEGAN 4/1/16	(i)	168,296	0	149	14,087	25,684	208,216	0
	(ii)	0	0	0	0	0	0	0
2LYNNE O'TOOLE EXEC VP/VP FINANCE-END 3/31/16	(i)	246,104	0	51,234	32,398	20,983	350,719	0
	(ii)	0	0	0	0	0	0	0
3THOMAS REDMAN VP ADMISSION/ FINANCIAL AID	(i)	295,420	0	4,731	35,733	18,458	354,342	0
	(ii)	0	0	0	0	0	0	0
4DENNIS MONACO DIRECTOR, PHYSICAL PLANT	(i)	186,813	0	1,116	15,399	17,149	220,477	0
	(ii)	0	0	0	0	0	0	0
5LAURA ROSSI-LE VP AND DEAN OF COLLEGE	(i)	181,073	0	2,079	24,148	24,814	232,114	0
	(ii)	0	0	0	0	0	0	0
6DAVID VIGNERON VP INSTITUTIONAL ADVANCEMENT	(i)	219,164	0	16,287	17,957	25,621	279,029	0
	(ii)	0	0	0	0	0	0	0
7KAREN ABBOTT GENERAL COUNSEL	(i)	204,820	0	278	16,759	17,429	239,286	0
	(ii)	0	0	0	0	0	0	0
8MARY HUEGEL VP/ DEAN GRAD AND PROF STUDIES	(i)	180,239	0	1,039	23,479	11,107	215,864	0
	(ii)	0	0	0	0	0	0	0
9SARA QUAY DEAN, SCHOOL OF EDUCATION	(i)	179,417	0	497	11,488	9,022	200,424	0
	(ii)	0	0	0	0	0	0	0
10KELLY FISHER DEAN, SCHOOL OF NURSING	(i)	172,966	0	355	10,901	24,603	208,825	0
	(ii)	0	0	0	0	0	0	0

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As Filed Data -

DLN: 93493131047947

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ENDICOTT COLLEGE

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

► Attach to Form 990.

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

Employer identification number

04-2103567

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MMEFA - SERIES F	04-2456011		04-01-2010	10,000,000	REFINANCE DEBT AND CONSTRUCTION		X		X		X
B MASSACHUSETTS DEVELOPMENT FIN AGENCY SERIES 2012	04-3431814		08-02-2012	26,465,000	REFINANCE DEBT		X		X		X
C MASSACHUSETTS DEVELOPMENT FIN AGENCY SERIES 2015	04-3431814		03-31-2015	18,000,000	CONSTRUCTION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	921,606		4,310,000		70,047			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	10,000,000		26,465,000		18,000,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	123,750		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	9,876,250		0		18,000,000			
11	Other spent proceeds	0		26,465,000		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2012		2006		2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 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?		X		X		X		
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?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X			X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X	X			X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		BANK OF AMERICA		0			
c	Term of hedge			25 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
REBATE COMPUTATION DATE	PART IV, LINE 2C BOND ISSUE A MMEFA - SERIES F THE REBATE COMPUTATION DATE WAS FEBRUARY 1, 2013 SINCE THE COLLEGE DOES NOT FUND A DEBT SERVICE PAYMENT ACCOUNT THERE ARE NO OTHER PROCEEDS SUBJECT TO THE ARBITRAGE REBATE REQUIREMENT EXCEPT FOR THE \$53 08 OF BOND PROCEEDS THAT WERE UNSPENT AS OF FEBRUARY 1, 2013 UNLESS THE COLLEGE BEGINS TO FUND A DEBT SERVICE PAYMENT ACCOUNT, CASH DEFEASES THE BONDS, AND/OR THE COLLEGE SELLS ASSETS THAT WERE FINANCED BY THE PROCEEDS OF THE BONDS, THERE IS NO NEED FOR ADDITIONAL ARBITRAGE REBATE CALCULATIONS PART IV, LINE 2B BOND ISSUE B MASSACHUSETTS DEVELOPMENT FIN AGENCY SERIES 2012 THE BOND ISSUE MET THE SPENDING EXCEPTION, THUS NO REBATE DUE THE BOARD OF THE TRUSTEES APPROVED A POST- ISSUANCE TAX EXEMPT BOND POLICY THAT INCLUDES PROCEDURES TO ENSURE COMPLIANCE AND REMEDIES THAT WOULD BE UNDERTAKEN IN THE EVENT A VIOLATION WAS DISCOVERED

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN WYLIE	FAMILY MEMBER-PRES WYLIE	199,483	COMPENSATION-ATHLETIC DIRECTOR		No
(2) SAMUEL ALEXANDER	FAMILY MEMBER-TRUSTEE	91,352	COMPENSATION-FACULTY		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part 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	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	135,565	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				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 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
CONTRIBUTIONS	PART I, COLUMN (B) THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B)
NON-CASH CONTRIBUTIONS	PART I, LINE 31 GIFTS OTHER THAN CASH, CHECK, PAYROLL DEDUCTION OR STOCK ARE ACCEPTED AFTER A FORM IS ROUTED AND SIGNED OFF BY THE PRESIDENT, TREASURER, VP OF FINANCE, AND VP OF INSTITUTIONAL ADVANCEMENT THE VALUE OF STOCK GIFTS REPRESENTS THE AVERAGE OF THE HIGH AND LOW VALUE ON THE DATE THE GIFT IS RECEIVED

**SCHEDULE O
(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.

OMB No 1545-0047

2015**Open to Public
Inspection**

Name of the organization
ENDICOTT COLLEGE

Employer identification number

04-2103567

**Return
Reference****Explanation**

ORGANIZATION'S
MISSION

FORM 990, PART III, LINE 1 SHAPED BY A BOLD AND ENTREPRENEURIAL SPIRIT, ENDICOTT COLLEGE OFFERS STUDENTS A VIBRANT ACADEMIC ENVIRONMENT THAT REMAINS TRUE TO ITS FOUNDING PRINCIPLE OF INTEGRATING PROFESSIONAL AND LIBERAL ARTS WITH EXPERIENTIAL LEARNING, INCLUDING INTERNSHIP OPPORTUNITIES ACROSS DISCIPLINES. THE COLLEGE FOSTERS A SPIRIT OF EXCELLENCE BY CREATING A CHALLENGING YET SUPPORTIVE ENVIRONMENT IN WHICH STUDENTS ARE ENCOURAGED TO TAKE INTELLECTUAL RISKS, PURSUE SCHOLARLY AND CREATIVE INTERESTS, CONTRIBUTE TO THE COMMUNITY, AND EXPLORE DIVERSE CAREER PATHS. ENDICOTT IS COMMITTED TO SUPPORTING THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ITS STUDENTS, PREPARING THEM TO ASSUME MEANINGFUL ROLES WITHIN THE GREATER COMMUNITY. BOTH DOMESTICALLY AND INTERNATIONALLY STATEMENT OF UNDERSTANDING. ENDICOTT COLLEGE IS COMMITTED TO PROVIDING AN EDUCATIONAL EXPERIENCE THAT WILL ENCOURAGE STUDENTS TO VIEW THE CONCEPT OF DIVERSITY FROM A VARIETY OF PERSPECTIVES IN ORDER TO FOSTER UNDERSTANDING AND ULTIMATELY GREATER RESPECT AND ACCEPTANCE AMONG INDIVIDUALS. EMBRACING DIVERSITY MEANS UNDERSTANDING AND RESPECTING OUR INDIVIDUAL DIFFERENCES, WHICH INCLUDES THE DIMENSIONS OF RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, SOCIO-ECONOMIC STATUS, AGE, DIFFERING ABILITIES (E.G., PHYSICAL, EMOTIONAL, AND COGNITIVE), RELIGIOUS AND POLITICAL BELIEFS. CENTRAL TO THE EXPLORATION OF THE DIFFERENCES AND SIMILARITIES AMONG INDIVIDUALS IS THE NEED TO OFFER A SAFE, POSITIVE, AND SUPPORTIVE ENVIRONMENT. THE GOAL IS TO REACH A GREATER UNDERSTANDING OF EACH OTHER AND TO MOVE BEYOND SIMPLE TOLERANCE TO EMBRACING AND CELEBRATING THE RICH DIMENSIONS OF DIVERSITY CONTAINED WITHIN EACH INDIVIDUAL.

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III ENDICOTT COLLEGE WAS RANKED IN THE TOP TIER OF NORTHERN REGIONAL UNIVERSITIES AT #51 OF 195 INSTITUTIONS IN THE 2017 US NEWS AND WORLD BEST COLLEGES RANKINGS THE COLLEGE WAS #29 OF 54 IN ITS CATEGORY OF "BEST COLLEGES FOR VETERANS WAS INCLUDED IN A LIST OF "A+ SCHOOLS FOR B STUDENTS RECEIVED RECOGNITION AS AN INSTITUTION WITH A STELLAR EXAMPLE OF INTERNSHIPS/CO-OPS DURING FISCAL 2016, FOR FALL 2016 ADMISSION, THE OFFICE OF ADMISSION RECEIVED 3,812 APPLICATIONS FOR TRADITIONAL UNDERGRADUATE STUDENTS, ACCEPTED 77% OF THE APPLICANTS, AND ENROLLED 27% OF THOSE ACCEPTED FOR ADMISSION THE COLLEGE AWARDED 32 ASSOCIATE DEGREES, 631 BACHELOR DEGREES, 515 MASTERS DEGREES AND 2 DOCTORAL DEGREES IN ACADEMIC YEAR 2015-16 OUR GRADUATES HAD A FIRST-TIME PASS RATE OF 100% ON EXTERNAL EXAMINATIONS FOR ATHLETIC TRAINING, 100% FOR THE TITLE II EDUCATOR'S EXAM, AND 85% FOR NURSING EXTERNAL LICENSURE FOR THESE PROGRAMS IS ASSESSED BY THE NATA BOARD OF CERTIFICATION LICENSURE, THE MASSACHUSETTS DEPARTMENT OF EDUCATION LICENSURE, AND NATIONAL COUNCIL LICENSURE EXAMINATION, RESPECTIVELY ENDICOTT'S RETENTION RATE OF FRESHMAN ENTERING 2015 AND RETURNING 2016 WAS 86% THE SIX YEAR GRADUATION RATE FOR FRESHMAN ENTERING 2010 WAS 80% OF THE 2015 GRADUATES WHO RESPONDED TO CAREER SURVEYS, 98% REPORTED THAT THEY WERE EITHER EMPLOYED, CONTINUING EDUCATION, VOLUNTEERING, SERVING IN THE MILITARY, OR SELF EMPLOYED WITHIN 12 MONTHS OF GRADUATION 73% WERE EMPLOYED FULL-TIME 90% OF THOSE WERE IN EMPLOYMENT RELATED TO THEIR MAJOR, AND 53% FOUND EMPLOYMENT THROUGH A FORMER INTERNSHIP SITE OR CONTACT COMMUNITY SERVICE IS EMBRACED AT ENDICOTT, WITH 50% OF THE ENDICOTT STUDENT BODY PARTICIPATING IN COMMUNITY SERVICE, FOR A TOTAL OF 22,441 COMMUNITY SERVICE HOURS PERFORMED BY 1,313 STUDENTS THE STATE AND NATIONAL AVERAGE IS 31% AND 27%, RESPECTIVELY</p>

Return Reference	Explanation
PROGRAM SERVICES	<p>FORM 990, PART III, LINES 4A-4D LINE 4A *EDUCATION AND AUXILIARY* ENDICOTT'S UNDERGRADUATE COLLEGE OFFERS BACHELOR OF FINE ARTS, BACHELOR OF ARTS, AND BACHELOR OF SCIENCE DEGREES DAY PROGRAM ENROLLMENT FOR FALL 2015 WAS 2,656 STUDENTS, WITH ANOTHER 107 STUDENTS ENROLLED IN MADRID, SPAIN, AND DEVONSHIRE, BERMUDA THE SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES GRANTS ASSOCIATE IN ARTS, ASSOCIATE IN SCIENCE, BACHELOR OF ARTS, BACHELOR OF SCIENCE, MASTER OF ARTS, MASTER OF EDUCATION, MASTER OF FINE ARTS, MASTER OF SCIENCE, MASTER OF BUSINESS ADMINISTRATION, DOCTOR OF EDUCATION AND DOCTOR OF PHILOSOPHY DEGREES ENROLLMENT IN THE SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES, INCLUDING PROGRAMS BEVERLY, GLOUCESTER AND BOSTON, MASSACHUSETTS, MADRID, SPAIN, DEVONSHIRE, BERMUDA, LEYSIN, SWITZERLAND, BANGKOK, THAILAND, AND PRAGUE, CZECH REPUBLIC WAS 2,244 STUDENTS AS OF FALL 2015 IN ADDITION TO DEGREE PROGRAMS, PROFESSIONAL DEVELOPMENT PROGRAMS AND CONSULTING ARE OFFERED THROUGH THE VAN LOAN SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES ENDICOTT COLLEGE'S ACADEMIC OFFERINGS PROVIDE UNDERGRADUATES WITH AN ENRICHING AND CHALLENGING EDUCATIONAL EXPERIENCE STUDENTS SELECT FROM A BROAD ARRAY OF MAJOR AND MINOR PROGRAM OFFERINGS WHICH ARE AUGMENTED BY COURSEWORK IN THE LIBERAL ARTS AND REQUIRED EXPERIENTIAL LEARNING OPPORTUNITIES WITHIN THEIR PROFESSIONAL AREAS OF STUDY OF THE TOTAL UNDERGRADUATE ENROLLMENT, NEARLY 91% LIVE ON CAMPUS THE COLLEGE OFFERS A LARGE VARIETY OF RESIDENCE HALL OPTIONS, RANGING FROM TRADITIONAL TO APARTMENT-STYLE HOUSING FACILITIES CONSIST OF CONVERTED MANSIONS, SMALL HOUSES, TOWNHOUSES, AND LARGER RESIDENCE HALLS FOR THE FALL 2015 SEMESTER, 2,436 STUDENTS WERE HOUSED ON CAMPUS ALL RESIDENT STUDENTS MUST ENROLL IN ONE OF FOUR MEAL PLANS OFFERED DURING THE ACADEMIC YEAR. DINING OPTIONS INCLUDE A LARGE DINING HALL, TWO CAFES, AND A LODGE LINE 4B *ACADEMIC SUPPORT* ENDICOTT OFFERS STUDENTS VARIOUS PROGRAMS AND FACILITIES TO ENHANCE AND ENCOURAGE THEIR ACTIVE PARTICIPATION IN THE INTELLECTUAL LIFE OF THE COLLEGE AND PROMOTE THEIR SUCCESSFUL PERFORMANCE IN THE CLASSROOM THIS IS ACCOMPLISHED THROUGH STATE-OF-THE-ART ACADEMIC TECHNOLOGY, THE CENTER FOR TEACHING AND LEARNING, THE DIANE M HALL LIBRARY, THE WRITING CENTER, ACADEMIC ADMINISTRATION, AND THE KEYS TO DEGREES SINGLE PARENT PROGRAM LINE 4C *STUDENT SERVICES* STUDENT SERVICES SUPPORT THE ACADEMIC AND PERSONAL DEVELOPMENT OF EACH STUDENT THROUGH A VARIETY OF OFFICES AND PROGRAMS, INCLUDING STUDENT ACTIVITIES, PERSONAL COUNSELING, HEALTH, COMMUNITY SERVICE, AND ATHLETIC PROGRAMS EXPERIENCE BEYOND THE CLASSROOM SETTING AFFORDS STUDENTS WITH OPPORTUNITIES TO GAIN A GREATER UNDERSTANDING AND APPRECIATION OF SELF, OTHERS, AND THE WORLD AROUND THEM THE STUDENT AFFAIRS DIVISION IS DESIGNED TO COMPLEMENT AND SUPPLEMENT THE ACADEMIC EXPERIENCE OF EVERY STUDENT OTHER FUNCTIONS INCLUDED IN STUDENT SERVICES INCLUDE THE ADMISSIONS, FINANCIAL AID, REGISTRAR, AND CAREER DEVELOPMENT BOOKSTORE AND VENDING REVENUE IS CONSIDERED RELATED TO STUDENT SERVICES LINE 4D OTHER PROGRAM SERVICE EXPENSES INCLUDE CONFERENCE AND EDUCATION SERVICES ENDICOTT COLLEGE PROVIDES FACILITIES AND SERVICES FOR EDUCATIONAL, BUSINESS, AND COMMUNITY EVENTS ASSOCIATED REVENUES ARE CAREFULLY ANALYZED AND CLASSIFIED AS EITHER RELATED OR EXEMPT FUNCTION REVENUE OR AS UNRELATED BUSINESS REVENUE IN ADDITION TO CONFERENCE AND EVENTS RELATED REVENUE, OTHER PROGRAM REVENUE INCLUDE PARKING FEES, RECOGNITION OF DEFERRED REVENUE, FORFEITED ENROLLMENT DEPOSITS AND OTHER MISCELLANEOUS RECEIPTS</p>

Return Reference	Explanation
TRUSTEES IN A BUSINESS RELATIONSHIP	FORM 990, PART VI, LINE 2 THOMAS J ALEXANDER AND WILLIAM F HOWARD, TRUSTEES FOR THE COLLEGE, AND DR RICHARD E WYLIE, PRESIDENT AND TRUSTEE, SERVE ON THE BOARDS OF THE NORTH SHORE CHAMBER OF COMMERCE AND BEVERLY BANK, A LOCAL FINANCIAL INSTITUTION BOTH DR WYLIE AND MR HOWARD SERVE ON THE BOARD OF BEVERLY MAIN STREETS

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11A THE TAX RETURN INFORMATION IS GATHERED FROM THE FINANCE OFFICE AND USED TO POPULATE THE FORM 990 IN CONJUNCTION WITH KPMG, LLP, INDEPENDENT TAX CONSULTANT ONCE THE DRAFT TAX RETURN IS FULLY ANALYZED AND REVIEWED BY THE MANAGEMENT TEAM, IT IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES A REPRESENTATIVE OF KPMG'S TAX GROUP ATTENDS THE SCHEDULED MEETING TO ENSURE THAT ALL PERSONS HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE CONTENT OF THE TAX RETURN FOLLOWING THE FINANCE COMMITTEE REVIEW AND APPROVAL, IT IS PRESENTED TO THE ENTIRE BOARD OF TRUSTEES FOR THEIR REVIEW AND COMMENT PRIOR TO THE FILING OF THE FORM WITH THE IRS

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C IN 2010, ENDICOTT'S BOARD OF TRUSTEES APPROVED A REVISED POLICY THAT COVERS BOARD OF TRUSTEE MEMBERS, OFFICERS, AND KEY EMPLOYEES THOSE COVERED IN THE POLICY ARE REQUIRED TO EXECUTE AND SUBMIT TO THE VICE PRESIDENT OF FINANCE AN ANNUAL STATEMENT THAT ACKNOWLEDGES THEY RECEIVED, READ, AND UNDERSTAND THE CONFLICT OF INTEREST POLICY, THEY UNDERSTAND THAT ENDICOTT COLLEGE IS A NOT-FOR-PROFIT ENTITY WHICH MUST NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, AND THAT THE COLLEGE MUST BE OPERATED FOR THE PURPOSES STATED IN ITS BYLAWS THEY AGREE TO COMPLY WITH THE POLICY AND ACKNOWLEDGE THAT, EXCEPT AS INDICATED IN THE SPACE PROVIDED ON THE ANNUAL STATEMENT, THEY HAVE NOTHING TO DISCLOSE THAT IS IN CONFLICT WITH THE ESTABLISHED POLICY SHOULD ANY CHANGE OCCUR IN THEIR SITUATION, THEY WILL SUBMIT A FURTHER STATEMENT COVERING THE MATTER THE VICE PRESIDENT OF FINANCE WILL FOLLOW THE PROCEDURES SET FORTH IN THE POLICY FOR ANY STATEMENT THAT INCLUDES A DISCLOSURE OF CONFLICT

Return Reference	Explanation
WHISTLEBLOWER POLICY	<p>FORM 990, PART VI, LINE 13 IN 2011, ENDICOTT'S BOARD OF TRUSTEES APPROVED A WHISTLEBLOWER POLICY FOR FACULTY AND STAFF THE POLICY DEFINES MISCONDUCT AS ABUSE OF AUTHORITY, UNETHICAL BEHAVIOR, OR GROSS MISCONDUCT, INAPPROPRIATE OR ILLEGAL USE OF COLLEGE FUNDS, SUCH AS THEFT BY BRIBERY OR CORRUPTION, SIGNIFICANT AND SPECIFIC DANGER TO PUBLIC HEALTH OR SAFETY, A VIOLATION OF LAW FURTHER, THE POLICY STATES THAT REPORTED VIOLATIONS WILL BE PROMPTLY INVESTIGATED AND TREATED CONFIDENTIALLY TO THE EXTENT POSSIBLE AND THE COLLEGE WILL NOT TAKE ANY PERSONNEL ACTION AS RETALIATION AGAINST AN EMPLOYEE WHO DISCLOSES INFORMATION REGARDING MISCONDUCT EMPLOYEES ARE ENCOURAGED TO REPORT CONCERNS THROUGH AN ANONYMOUS VOICE MAIL BOX OR BY COMPLETING AN ANONYMOUS REPORTING FORM ACCESSIBLE ON THE CAMPUS SAFETY WEB PAGE STUDENTS ARE ALSO ENCOURAGED TO REPORT ANY ACTIVITY THAT IS TAKING PLACE WITHIN THE ENDICOTT COMMUNITY THAT IS CONTRARY TO THE IDEALS AND VALUES OF THE COLLEGE CONCERNS ARE REPORTED IN THE SAME MANNER AS FACULTY AND STAFF</p>

Return Reference	Explanation
COMPENSATION POLICY	<p>FORM 990, PART VI, LINE 15 THE COLLEGE'S PROCEDURES FOR DETERMINING COMPENSATION MEET THE REQUIREMENTS OF REBUTTABLE PRESUMPTION THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR DUE DILIGENCE OF THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT'S COMPENSATION TO ASSURE THAT ENDICOTT COMPLIES WITH IRS REQUIREMENTS FOR NOT-FOR-PROFIT COMPENSATION THE COMMITTEE REVIEWS AND DISCUSSES COMPENSATION OF COMPARABLE JOBS IN COMPARABLE COLLEGES AND UNIVERSITIES IN THE BOSTON AREA AND NEW ENGLAND THE PRESIDENT IS COMPENSATED IN ACCORDANCE WITH A MULTI-YEAR COMPENSATION PLAN THAT IS BASED UPON RESEARCH ON COMPENSATION AWARDED TO PRESIDENTS IN SIMILAR INSTITUTIONS, TOGETHER WITH AN APPRAISAL OF THE PRESIDENT'S PERFORMANCE THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS THE CONCLUSIONS AND RECOMMENDATIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED REGULARLY BY THE FULL BOARD THE MEMBERSHIP OF THE COMPENSATION COMMITTEE IS FREE OF CONFLICT OF INTEREST IN DETERMINING COMPENSATION THE COMMITTEE ALSO REVIEWS AND GUIDES MANAGEMENT WITH RESPECT TO IMPLEMENTATION OF THE COMPENSATION POLICY FOR ALL OTHER EMPLOYEES SALARIES ARE REVIEWED AND ADJUSTED ANNUALLY, BASED ON PERFORMANCE (AS MEASURED IN AN ANNUAL PERFORMANCE REVIEW) AND CHANGES IN RESPONSIBILITY MINUTES OF COMPENSATION COMMITTEE MEETINGS ARE DOCUMENTED THE ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT WAS DISCUSSED IN APRIL 2012, AND A FIRM WAS ENGAGED IN AUGUST 2012 TO COMPLETE AN EXECUTIVE COMPENSATION SURVEY BASED ON THE AFOREMENTIONED, THE COLLEGE'S PROCEDURES MEET THE REQUIREMENTS OF REBUTTABLE PRESUMPTION</p>

Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S FORM 990, GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND THE FORM 990 IS POSTED AT WWW GUIDESTAR ORG

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5 CHANGE IN LIABILITY FOR INTEREST RATE SWAP (\$2,577,255)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

► 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.

Employer identification number
04-2103567

Part I Identification of Disregarded Entities Complete if the organization 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

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)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ENDICOTT COLLEGE-MEXICO CITY CAMPUS RUBEN DARIO NO 30 11580 COL RINCON MEXICO CITY MX 99-9999999	EDUCATION	MX	ENDICOTT	C CORP	-57,263	719	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

No

c

Gift, grant, or capital contribution from related organization(s)

1c

No

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k

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

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

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

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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