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DLN: 93493132010417

OMB No 1545-0047

Open to Public

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

**Return of Organization Exempt From Income Tax** 

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

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

Inspection

A F	or the	<b>2015</b> ca	lendar year, or tax year beginni	ng 07-01-2015 , and ending 06-30-20	016			
3 Ch	eck ıf aı	pplicable	C Name of organization The College of Wooster			D Emplo	yer i	dentification number
_	ddress c	-				34-0	7146	54
	ame cha iitial reti	-	Doing business as					
Fi		um	N			E Teleph	one ni	umber
	/termina nended		1101 N Bever Street	mail is not delivered to street address) Room/:	suite	(330)	263	-2018
		netum n pending	City or town, state or province, cou	untry, and ZIP or foreign postal code		(333)		
			Wooster, OH 44691			<b>G</b> Gross	receip	ts \$ 219,071,802
			<b>F</b> Name and address of princ	pal officer	H(a)	Is this a group	retu	rn for
			Sarah Bolton   1101 N Bever Street		:	subordinates?		⊤ Yes 🗸
			Wooster,OH 44691		Н(в)	No Are all subord	ınate	s Tyes No
[ Ta	x-exem	pt status	<b>√</b> 501(c)(3)	(insert no ) 4947(a)(1) or 527		ıncluded?		165   110
ı w	ebsite	e:► ww	w wooster edu			Group exempt		t (see instructions)
<b>€</b> For	m of ore	ganızatıon	Corporation Trust Assoc	ation Other ▶		r of formation 18		M State of legal domicile O
		,	14					
Pa	rt I	_	ımary					
			scribe the organization's missio ge of Wooster is a community o	n or most significant activities f independent minds, working together	to prepare	students to b	econ	ne leaders of character
a.			nce in an interdependent global					
Š <b>⊆</b>	_							
Ĕ								
activities & Governance	2 0	Check th	nis box 🕨 🥅 if the organization o	discontinued its operations or disposed	d of more t	han 25% of its	s net	assets
೨ ಶ	3 1	Lumbor	of voting members of the govern	ning body (Part VI, line 1a)			3	41
ě			_	of the governing body (Part VI, line 1b			4	40
M			· -	calendar year 2015 (Part V, line 2a)	•		5	2,413
ACI			• •	necessary)			6	1,415
				art VIII, column (C), line 12			7a	395,434
	<b>b</b> Ne	et unrela	ated business taxable income fr	om Form 990-T, line 34			7b	9,078
						Prior Year		Current Year
Qı.	8		- · ·	ine 1h)		48,676,		15,849,085
Ravenua	9	_	•	line 2g)	·	112,340,		115,144,592
E.	10		,	in (A), lines 3, 4, and 7d)	•	16,475,	_	12,197,532
	11			i, lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), li	ne —		595	·
	12	12)	revenue dua mies e emough i	(mast equal rate viii, column (,v,), n		177,545,	226	143,262,108
	13	Grant	s and sımılar amounts paıd (Par	t IX, column (A), lines 1-3)	.	48,021,	998	49,662,331
	14		,	IX, column (A), line 4)			0	(
æ	15	Saları 5–10		vee benefits (Part IX, column (A), lines		55,514,	240	57,883,811
Expenses	16a		<i>'</i>	(, column (A), line 11e)		24,	400	37,500
ă X	ь	Total fu	undraising expenses (Part IX, column (	D), line 25) ▶4,671,804				
ш	17	Other	expenses (Part IX, column (A)	lines 11a-11d, 11f-24e)		34,836,	946	33,819,770
	18		•	ust equal Part IX, column (A), line 25)		138,397,	584	141,403,412
, un	19	Rever	nue less expenses Subtract line	e 18 from line 12		39,147,	642	1,858,696
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
sset 3aa	20	Total	assets (Part X, line 16)			528,769,	973	508,662,389
2 Z	21	Total	liabilities (Part X, line 26) .			57,793,	475	56,361,716
	22	Net as	ssets or fund balances Subtrac	t line 21 from line 20		470,976,	498	452,300,673
	rt II		nature Block	camined this return, including accompa	nung ceh	adulas and st	tom	ants and to the best of
ny k	nowled	dge and		mplete Declaration of preparer (other				
		***				2017-05-08		
Sigr			ature of officer			Date		
Here	е		nna S McCormick VP Finance&Business e or print name and title	/Treasurer				
		7	Print/Type preparer's name	Preparer's signature	Date	<u> </u>	PTIN	1
Paid	b		Zachary Fortsch	Zachary Fortsch		Check   If self-employed		052725
	- pare	°Γ ⊢	Firm's name RSM US LLP			Firm's EIN ► 4		
	Onl	1 1	Firm's address > 1001 Lakeside Avenue			Phone no (216	5) 523	-1900
			Cleveland, OH 44114	1152				

✓Yes No

127.534.749

Total program service expenses ▶

Par	t 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)? ${\bf y}$	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? <i>If "Yes," complete Schedule C, Part I</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 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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 2	10	Yes	
	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			
	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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 2	<b>11</b> c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11</b> d		No
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	1	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			<del>_</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

Yes

Yes

Form 990 (2015)

26

27

28a

28b

**28**c

29

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33

34

35a

35b

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37

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Yes

Yes

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		W			_
		Check if Schedule O contains a response of flote to any line in this	Part	<u>v</u>	<u></u>	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,508			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered	_	2442			
b	If at le	s return			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during	•	·	3a	Yes	
ь	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country <u> </u>	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
	servic	ne organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?		· · · ·	7a		No
		es," did the organization notify the donor of the value of the goods or services p			7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	<b>7</b> c		No
		s," indicate the number of Forms 8282 filed during the year	7d				
е	Dia th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nai benefit contract?	7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess but g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	<b>9</b> b		
10		on 501(c)(7) organizations. Enter		ı			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b		l		
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	eu of Form 1041?	<b>12</b> a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c		ļ		
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)			Page (
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, 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	or 10	)b belo	w, 
Se	ection A. Governing Body and Management	•		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 41			
	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 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		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?	<b>10</b> b		
L1a	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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	

17 List the States with which a copy of this Form 990 is required to be filed

**b** Other officers or key employees of the organization . . . . . . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

AL, CO, KY, MD, MA, MI, NH, NY, OH, OK, SC, WA

15b

**16**a

16b

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**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

- 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
  - State the name, address, and telephone number of the person who possesses the organization's books and records
    ►Eileen Walker 1101 N Bever Street Wooster, OH 44691 (330) 263-2018

Νo

Νo

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

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

											,
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion i han o n is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table										
1b	Sub-Total			-			•				
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	٠.	•		3,193,449	0	383,760
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not l	lımıted t	o the			d abov	e) wl	ho received more th	an	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## Section B. Independent Contractors

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 calendary		
(A) Name and business address	(B) Description of services	(C) Compensation
EYP Architechture and Engineering PC	Contruction/Project Related	626,512
257 Fuller Road 1st Floor Albany, NY 12203		
Vaughn Industries LLC	Contruction/Project Related	385,943
1201 E Findlay Street Carey, OH 43316		
Royall & Company	Admissions Recruiting	326,167
1920 E Partham Road Richmond, VA 23228		
Standard Plumbing & Heating Co	Contruction/Project Related	292,832
435 Walnut Avenue SE Canton, OH 44702		
Monticello Associates Inc	Investment Consulting	270,000
1800 Lanmer Street Suite 2100 Denver, CO 80202		
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

Yes

No

Form 99								Page <b>9</b>
Part V	Ш	Statement o						_
		Check if Schedu	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω S	1a	Federated cam	paigns 1a	54,500				
ant	ь	Membership du	es <b>1b</b>					
Ę, G	с	Fundraising eve	ents <b>1c</b>					
Program Service Revenue and Other Similar Amounts	d	Related organiz	ations <b>1d</b>	134,869				
	е	Government grants	s (contributions) <b>1e</b>	1,146,006				
ution ner Si	f	All other contributions similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	14,513,710				
計	g	Noncash contribution	ons included in lines	1,133,921				
Con	h	Total. Add lines	s 1a-1f		15,849,085			
ΕE	3-	Turker and Face		Business Code	22.255.045	20.255.045		
Ley.	2a b	Tuition and Fees Room & Board		900099 721000	89,255,845	89,255,845		
o≛ o≛	c	Student Services		900099	21,207,063 1,623,345	21,207,063 1,623,345		
Program Service	d	Student Auxiliary S	ervices	451211	1,281,848	341,834	352,884	587,130
<i>3</i> 6	е	Community Events	5	900099	861,628	861,628	,	,
gran	f	All other progra	am service revenue		914,863	914,863		
<u>&amp;</u>	g	Total. Add lines	s 2a-2f		115,144,592			
	3		ome (including dividen		2,591,443		35,508	2,555,935
	4		ar amounts) stment of tax-exempt bond		2,331,443		33,300	2,333,333
	5			· · ·	630			630
			(ı) Real	(II) Personal				
	6a	Gross rents	109,819	7,042				
	ь	Less rental expenses	46,592	0				
	С	Rental income or (loss)	63,227	7,042				
	d		me or (loss)		70,269		7,042	63,227
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	60,378,779	24,990,412				
	ь	Less cost or other basis and	57,165,976	18,597,126				
		sales expenses Gain or (loss)	3,212,803	6,393,286				
	c d		s)		9,606,089			9,606,089
Other Revenue		Gross income f events (not inc	rom fundraising	,				
er Re		See Part IV, lin	ne 18 a					
<b>\$</b>			penses b					
				events Þ				
	ь	Less directey	a penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of	inventory less	<b>•</b>				
	100	returns and allo						
	Ь	_	oods sold <b>b</b>					
	С	Net income or (	(loss) from sales of inve	Business Code				
	11a	macenaneous	5 Nevellue	Duamess Code				
	ь							
	С							
	d	All other revenue	ue					
	e	Total. Add lines	s 11a-11d	🔸				
	12	Total revenue.	See Instructions .	•	143,262,108	114,204,578	395,434	12,813,011

#### 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)

			(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	44,147	44,147		
2	Grants and other assistance to domestic individuals See Part IV, line 22	45,031,735	45,031,735		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	4,586,449	4,586,449		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,242,982	682,349	1,166,609	394,024
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	37,189,703	33,626,285	1,636,582	1,926,836
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,279,183	2,888,455	196,481	194,247
9	Other employee benefits	12,457,234	9,207,738	2,753,355	496,141
10	Payroll taxes				
		2,714,709	2,369,676	186,246	158,787
11	Fees for services (non-employees)				
a	Management				
b	Legal	220,121	16,776	203,320	25
С	Accounting	94,100		94,100	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	37,500			37,500
f	Investment management fees	854,542	15,610	838,932	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,507,775	1,869,375	322,576	315,824
12	Advertising and promotion	174,831	146,498	26,461	1,872
13	Office expenses	3,113,245	2,732,790	118,415	262,040
14	Information technology	1,712,279	1,250,909	430,387	30,983
15	Royalties	55,668	54,551	1,117	
16	Occupancy	3,043,588	2,913,999	101,686	27,903
17	Travel	2,813,103	1,865,656	361,919	585,528
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	796,453	664,949	83,220	48,284
20	Interest	752,837	697,191	50,376	5,270
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,521,712	7,289,728	172,665	59,319
23	Insurance	62,305	47,724	2,000	12,581
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Cost of Goods Sold	2,917,655	2,899,190	18,465	
b	Off-Campus Programs	2,715,188	2,715,188		
c	Repairs & Maintenance	1,503,778	1,401,272	87,072	15,434
d	Equipment	880,652	863,188	9,460	8,004
e	All other expenses	2,079,938	1,653,321	335,415	91,202
25	Total functional expenses. Add lines 1 through 24e	141,403,412	127,534,749	9,196,859	4,671,804
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

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Fund Balances

Net Assets or

(B)

End of year

9,590

1,972,189

39,421,308

693,113

20.795

635,218

2,644,938

142,241,752

158,382,499

154,502,595

2,836,252

5 302 140

508,662,389

10,298,312

1,903,916

22,215,680

42,067

21,901,741

56,361,716

227,023,614

83.890.626

141,386,433

452,300,673

508,662,389 Form 990 (2015)

(A)

Beginning of year

12,378

6.189.676

42,240,020

1,019,073

29.079

625,025

973,760

142,443,003

166,111,043

159,016,957

2,764,973

7,344,986

8,979,669

2,035,653

24,442,224

53,981

22,281,948

57,793,475

242,144,400

90 709 596

138,122,502

470.976.498

528,769,973

528,769,973

247 745 148

105,503,396

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Full	Dalance	3116
	C h = = 1 f C =	

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

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Part X	Balance	Sheet
Part X	Balance	Snee

Part X	Balance	Shee
--------	---------	------

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Check if Scheddle O contains a response of note to	ану	Ш	7 111	tilla	, F (
Total revenue (must equal Part VIII, column (A), line 12)	•				

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1 . . . .

Net unrealized gains (losses) on investments . . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

143,262,108 141,403,412 1,858,696

Page **12** 

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470,976,498 -20,248,698

2a

2b

2c

За

3b

Yes Form 990 (2015)

452,300,673

-285,823

	Yes	N
		N
_		IN
	Yes	
	Yes	
	Yes	
Ī		

## **Additional Data**

Software ID:

Software Version:

Name: The College of Wooster

**EIN:** 34-0714654

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	12,700,125	ıncludıng grants of \$	465,212 ) (Revenue \$	1,824,610 )
Desearch Program	s Public & A cademic Support				

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

Compensated Employees, and Inde	penaent Co	ntrac	tor	S				i	i	ı
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer tor/	not one n is and trus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Мосу	Масу	and related organizations
William A Longbrake Trustee/Board Chair	8 00	×		×				0	0	0
William V Andrew Trustee	1 50	×						0	0	0
Richard A Bowers Trustee	1 50	x						0	0	0
Douglas F Brush Trustee	1 50	x						0	0	0
Joan P Carter Trustee	1 50	x						0	0	0
Christopher C Causey Trustee	1 50	×						0	0	0
Jayne Hart Chambers	5 00							_		

1 50

5 00

1 50

Trustee/Committee Chair

Benjamin K Christensen

Trustee/Committee Chair

Alumnı Trustee

Mark M Dowley Trustee

Jım DeRose

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
Manlvnn K Duker	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Manlynn K Duker Trustee	1 50	×						0	0	0
Doon A Foster Trustee	1 50	×						0	0	0
Donald R Frederico Trustee	1 50	×						0	0	0
Stephen C Gault Trustee/Committee Chair	5 00	×						0	0	0
Thomas R Gibian Trustee	1 50	×						0	0	0
Diane L Hamburger Trustee	1 50	x						0	0	0
Jennifer A Haverkamp	5 00	х						0	0	0

1 50

5 00

1 50

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Trustee/Committee Chair

Trustee/Committee Chair

Leslie S Hudson

Jeffrey L Keefer

Julia H Klein Trustee

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	s <sup>′</sup>		,		, <u>,</u>	_
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus		( <b>D</b> ) 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
John W Kneen Trustee	1 50	x					0	0	0
Donald L Kohn Trustee/Committee Chair	5 00	x					0	0	0
Michael R Lauber Alumni Trustee	1 50	x					0	0	0
Lee E Limbird Alumni Trustee	1 50	x					0	0	0
Karen M Lockwood Alumni Trustee/Committee Chair	5 00	x					0	0	0
Gregory A Long Trustee/Committee Chair	5 00	×					0	0	0
Lynne D McCreight	1 50	,,							

1 50

5 00

5 00

Х

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Trustee

Trustee

E Blake Moore Jr

Mary A Neagoy

Solomon Oliver Jr Trustee/Committee Chair

Trustee/Board Vice-Chair

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

Compensated Employees, and Inde	penaent Co	ntrac	tor	5				Ì	i	Ì
(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
Enka C Poethig	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)		and related organizations
Erika C Poethig Alumni Trustee	1 50	×						0	0	0
Charles S Ryan Trustee	1 50	×						0	0	0
Jennifer E Saliers Alumni Trustee	1 50	×						0	0	0
Mıkael Salovaara Trustee	1 50	×						0	0	0
Robert L Savitt Trustee	1 50	×						0	0	0
Richard N Seaman Trustee	1 50	×						0	0	0
Mananne M Sprague	5 00	x						0	0	0

1 50

5 00

1 50

Trustee/Committee Chair

Trustee/Committee Chair

Sally J Staley Trustee

Robert M Tull Trustee

Peter E Sundman

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

39,404

26,101

22,620

32,371

29,932

209,049

161,473

150,085

137,768

137,139

Compensated Employees, and Inde	pendent Co	ntrac	ctor	5						
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	than ersoi icer i	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	MISC)		
S Georgia Nugent Interim President (after 7/1/15)	60 00	x		x				201,782	0	0
Scott Fnedhoff  VP of Enrollment & College Relations	60 00			x				250,324	0	52,205
Laune Houck VP of Development & Alumni Relations	60 00			×				237,177	0	30,282
Angela Johnston Secretary of College/Chief of Staff	60 00			x				116,942	0	33,428
Deanna S McCormick  VP of Finance & Business/Treasurer	60 00			х				215,910	0	25,223
		1 ,	1	1 '	1				1	1

60 00

60 00

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Carolyn Newton

Provost

Ellen Falduto

Jennifer D Winge

Dean of Admission

Associate VP of Development

Professor of Business Economics

Keith Didonato

John W Sell

Chief Information & Planning Officer

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

(A) (B) (C) (D) (E)

Name and Title

Dean of Students (until 6/30/15)

Name and Title	hours per week (list any hours for related organizations below dotted line)	unles	nless person is both an officer and a director/trustee)  Highest of officer institution individual				an	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
John Ramsay Associate Dean/Professor of Math	40 00					х		130,994	0	14,342
Stephen Moore Head Coach	40 00					х		129,822	0	25,500
Grant H Cornwell Former President (until 6/30/15)	0 00						Х	901,292	0	34,640

213,692

17.712

0 00

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SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

The College of Wooster

990EZ)

Part I

✓

1

2

Treasury

Department of the

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number

34-0714654

Open to Public Inspection

DLN: 93493132010417 OMB No 1545-004

www.irs.gov/form990.

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
Se	ection A. Public Support	reion runs to qu	dilly dilder die	tests listed bei	iow, picase con	inpicte i die iii.	,
	Calendar year	I		T	T		T
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either						
3	paid to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						
	from line 4						
Se	ection B. Total Support		T	Т	T	1	1
(or	Calendar year fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7						
12	through 10 Cross receipts from related activiti	es etr (see inst	ructions)			12	
13	First five years. If the Form 990 is f		•	third fourth or:	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	<u>`</u>	5) organization,
Se	ection C. Computation of Pub	olic Support F	Percentage				
14	Public support percentage for 2015	• •		11. column (f))		14	
15	Public support percentage for 2014	•	• •	, , , , , , , , , , , , , , , , , , , ,		15	
	<b>33 1/3% support test—2015.</b> If the	ŕ	•	c on line 13. and	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	,	,	▶ □
b	<b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more,	check this
	box and <b>stop here.</b> The organization						▶□
17a	10%-facts-and-circumstances test-	_				•	
	is 10% or more, and if the organiza in Part VI how the organization mee						
	•	.ca the Tacts-dfl	u circumstances	cest The Olyan	izacion qualilles d	a publicity supp	. —
h	organization  10%-facts-and-circumstances test-	<b>_2014</b> If the ora:	anization did not a	check a boy on lir	ne 13 16a 16b	or 17a and line	▶
D	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				•	•	cly
	supported organization						` ▶ ┌
<b>L8</b>	Private foundation. If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
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 <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

#### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	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  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	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>10</b> a		
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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5 % controlled entity of a person described in (a) or (b) above 2.15 "Vec." to a b. or c. provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough o			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		I	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable A mount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
<b>e</b> 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>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3 <sub>1</sub> and 4c			
8 Breakdown of line 7		•	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (2015

**SCHEDULE D** (Form 990)

Department of the

Internal Revenue Service

Treasury

# 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

DLN: 93493132010417

Open to Public **Inspection** 

	me of the organization e College of Wooster			Employ	er identificatio	n numbe	r
Pa	art I Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fu	34-071 nds or			
	Complete if the organization answer						
		(a) Donor advised funds		<b>(b)</b> Fu	nds and other a	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 funds are the organization's property, subject to			radvised	1 [	_ Yes	┌ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	_	-		urpose	_ Yes	┌ No
Pa	rt II Conservation Easements. Comp	ete if the organization an	swered "Yes" on	Form 9	990, Part IV,	lıne 7.	
1	Purpose(s) of conservation easements held by t	he organization (check all tha	at apply)				
	Preservation of land for public use (e g , rec education)		Preservation of an	historica	ılly ımportant l	and area	
	Protection of natural habitat	Г	Preservation of a c	ertified h	ııstorıc structu	re	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in the	e form of	a conservatio	n 	
	Tabel words on after a complete control of the cont		-	_	Held at the E	nd of the	Year
a	Total number of conservation easements	onto	-	2a			
b	Total acreage restricted by conservation easem  Number of conservation easements on a certifie		In (a)	2b 2c			
c d	Number of conservation easements included in		` ′ ⊢	20			
u	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguis	hed, or terminated	by the o	rganızatıon du	rıng the	
	tax year ▶						
4	Number of states where property subject to cons	servation easement is locate	d <b>▶</b>	_			
5	Does the organization have a written policy rega violations, and enforcement of the conservation		, inspection, handl	ng of	☐ Yes	∏ No	<b>o</b>
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforcin	g conser	vation easeme	nts durın	g the
	<b>-</b>						
7	A mount of expenses incurred in monitoring, insp  \$	ecting, handling of violations	, and enforcing cor	nservatio	n easements o	luring the	e year
В	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$ ?	ine 2(d) above satisfy the rec	quirements of secti	on 170(	h)(4) <b>Yes</b>	┌ No	o
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organ		•	•		
a ı	<b>TEXTITE</b> Organizations Maintaining Colle  Complete if the organization answer			r Othe	r Similar As	sets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila	` ,	•				

(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	g Collections of	Art, His	storio	cal '	Trea	sures,	or Ot	her Simila	ar Ass	ets	rage =
3		the organization's acquisition, acc tion items (check all that apply)	cession, and other re	ecords, ch	neck a	ny o	of the f	following t	hat ar	e a significai	nt use o	fits	
а	<b>√</b> F	Public exhibition		d	<b>✓</b>	Loa	an or e	exchange	progr	ams			
b	<b>√</b> 9	Scholarly research		е		O t	her						
c	<b>√</b> F	Preservation for future generations											
4	Provid Part X	de a description of the organization	n's collections and ex	xplain ho	w they	furt	her th	e organız	atıon's	exempt pur	pose in		
5		g the year, did the organization sol									_	_	
Par	t IV	s to be sold to raise funds rather the Escrow and Custodial Arra		as part	orthe	orga	ınızatı	on's colle	ction		Yes	√ No	<u> </u>
		Complete if the organization Part X, line 21.		n Form	990,	Part	t IV,	line 9, o	r repo	orted an am	nount o	n Fori	m 990,
1a		r organization an agent, trustee, cu led on Form 990, Part Xॽ	istodian or other inte	ermediary	forco	ontri	butior	s or othe	rasse	_	Yes	┌ Ne	o
b	If"	Yes," explain the arrangement in F	Part XIII and comple	ete the fol	llowing	g tab	le				A mou	nt	
c	Вед	jinning balance							<b>1</b> c				
d	Add	ditions during the year							1d				
e		tributions during the year							1e				
f		ding balance						l	<b>1</b> f				
<b>2</b> a	Did th	e organization include an amount i	on Form 990, Part X	, line 21,	for es	crow	vorcu	ıstodıal a	ccount	t liability?	Yes	∏ Ne	•
b	If"Ye	s," explain the arrangement in Par	t XIII Check here it	f the expl	anatio	n ha	s hee	n provide	d in Pa	art XIII			
Pai	rt V	Endowment Funds. Comple										· · · ·	
		·	(a)Current year	<b>(b)</b> Pno	r year		<b>b (c)</b> T	wo years ba	ack (d	<b>1)</b> Three years b	ack (e	)Four ye	ears back
1a	Begin	ning of year balance · · ·	280,453,482	27	'8,112,6	503		247,092,	897	230,935	,031	24	6,688,529
b	Contr	ibutions · · · · · · ·	2,102,397		8,780,9	985		3,445,	945	4,406	,883		2,884,168
C	Net in losse:	nvestment earnings, gains, and s	-9,532,427		6,696,2	248		38,672,	899	26,767	,919	-	6,769,426
d	Grant	s or scholarships											
e		expenditures for facilities rograms	12,609,227	1	.3,136,3	354		11,099,	138	15,016	,936	1	1,868,240
f	A dmı	nistrative expenses											
g	End o	f year balance	260,414,225	28	30,453,4	<b>1</b> 82		278,112,0	503	247,092	,897	7 230,935,0	
2	Provid	de the estimated percentage of the	current year end ba	ılance (lır	ne 1g,	colu	ımn (a	)) held as					
а	Board	designated or quasi-endowment	40 020 %										
b	Perma	anent endowment ► 47 940 %											
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	12 040 % should equal 100%	ס									
3a		nere endowment funds not in the po ization by	ssession of the orga	anızatıon	that a	re he	eld an	d admınıs	tered	for the		Yes	No
	-	related organizations									3a(i)		No
	(ii) re	lated organizations					-				3a(ii)		No
		s" on 3a(II), are the related organi					R? .				. 3b		<u> </u>
4 Par	t VI	ribe in Part XIII the intended uses  Land, Buildings, and Equi		s endowin	ient iu	nus							
		Complete if the organization		Form 9			IV, lıı		ee Fo				
		Description of property			( <b>a)</b> st or oth (investr	ner ba		<b>(b)</b> Cost or othe (other		Accumula (c)deprecia		( <b>d</b> )Boo	k value
<b>1</b> a	Land							2,7	34,374				2,734,374
b	Building	gs				407	311	102.0	284 545	41 46	12 006		ברם 1 890 c
c I	 Leaseh	old improvements		.		407, 23.	,314		384,545 381,099	<u> </u>	1,241		1,888,873
		nent				, دے	,	-	558,844		.8,983		9,039,861
	Other	•	_					,-	•	,			<u> </u>
Tata		unos 10 through 10 (Column (1) and	ust aqual Form 000 S	art V s=l··	mr /P	1 1	0.10/-		755,674	7,18	80,186		9,575,488
iota	ı. Aua I	ines 1a through 1e (Column (d) mu	ısı eyual FUITI 990, Pa	art A, COIU	ии (В)	, iii)	E 10(C	<i>))</i> • •	•	Sche			2,241,752 <b>90) 2015</b>

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orgai	nization answered 'Yes	on Form 990, Part IV, line 11b
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) Partnerships		154,502,595	F
(A) Fartherships		134,302,393	<u>'</u>
Table (Column (b) and a surf form 2000 Part V and (B) line 12.)	<b>&gt;</b>	154 502 505	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		154,502,595	
Complete if the organization answered '  (a) Description of investment	'Yes' on Form 990	), Part IV, line 11c. <sub>See</sub>	Form 990, Part X, line 13.
(4, 5 330), provide the contraction of the contracti		(2) Book value	Cost or end-of-year market valu
	- 1		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 <b>Part X Other Liabilities.</b> Complete if the organ			
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value	2	
Foderal Income taxes			
Federal income taxes			
Advances from Government for Student Loans	3,250,	719	
Accrued Charitable Gift Annuity and Trust Obligations	7,341,	311	
Asset Retirement Obligation	2,784,	688	
Accrued Postretirement Benefit Obligation	8,525,	023	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	22/202/		financial chatamants that were at
2. Liability for uncertain tax positions In Part XIII, provide organization's liability for uncertain tax positions under FIN XIII			

Donated services and use of facilities . Recoveries of prior year grants .

Schedule D (Form 990) 2015

1 2

b

d

Part XII

1

2

h

d

c

72,690,987

91,366,812

46,593

91.320.219

#### Other (Describe in Part XIII) 2d-239,230 Add lines 2a through 2d . . . . . 2e -20,487,928 Subtract line 2e from line 1 . . . . . . . 3 93,178,915 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 898,202 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4h 49.184.991 b Add lines 4a and 4b . . . 4c 50,083,193 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . 143,262,108

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

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

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

Total expenses and losses per audited financial statements . . . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . . .

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

#### 3 Subtract line 2e from line 1 . . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines 4a and 4b . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d . . .

4b

2a 2h

2c

2d

2a

2b

**2**c

-20,248,698

2e 3 898,202 49,184,991 4c

46,593

50,083,193 141,403,412

# Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . Part XIII **Supplemental Information**

# 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

education, research, scientific inquiry, and public exhibition

Return Reference Explanation Part III, Line 4 The College's collection includes contemporary art, ancient pottery, ethnographic materials, rare books, geological rocks, biological specimens, and historical items. These items are held for

Schedule D (Form 990) 2015

Return Reference	Explanation
Part X, Line 2	The College qualifies as an organization exempt from Federal income taxation under Section 501(c) (3) of the Internal Revenue Code. As such, the College is generally not subject to federal or state income taxes except for amounts derived from unrelated business activities as defined by the IRC. The College adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the College may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the College, the continued tax-exempt status of bonds issued by the College, and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. At June 30, 2016 and 2015, there were no unrecognized tax benefits identified or recorded as liabilities. With few exceptions, the College is no longer subject to examinations by tax authorities for fiscal years prior to 2013.
Part XI, Line 2d - Other Adjustments	Rental Expenses 46,593 Change in Value of Trusts Held by Others -285,823
Part XI, Line 4b - Other Adjustments	Financial Aid 49,184,991
Part XII, Line 2d - Other Adjustments	Rental Expenses 46,593
Part XII, Line 4b - Other Adjustments	Financial Aid 49,184,991

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As Filed Data -

DLN: 93493132010417

OMB No 1545-0047

2015

Open to Public Inspection

# **Schools**

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

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

Service Service

Name of the organization **Employer identification number** The College of Wooster 34-0714654 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Evalanation

including Perkins Loans, Pell Grants, and work study arrangements

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Doturn Doforonco

Return Reference	Бріанаціон			
Schedule E, Part I, Line 3	The College is in compliance with Rev. Proc. 75-50. The College publishes its nondiscrimination policy in documents used for financial aid, admissions, and student programs, and has the policy posted on its website.			
Schedule E, Part I, Line 6	The College participates in various Federal Student Assistance programs			

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ta -	D	LN: 93493132010417
	tement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
(Form 990)  Department of the Treasury Internal Revenue Service  ► Information		Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at w		2015 Open to Public Inspection
Name of the organization The College of Wooster				<b>Employer</b> 34-0714	identification number
Part I General Informatio Complete if the organ				14b.	
<ol> <li>For grantmakers. Does the and other assistance, the grants or used to award the grants or</li> <li>For grantmakers. Describe I assistance outside the Unite</li> <li>Activites per Region (The follow</li> </ol>	antees' eligibil assistance? n Part V the oi d States	lity for the grai	nts or assistance, and rocedures for monitor	the selection crite	eria ✓ Yes No
(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 ( program service, des specific type of service(s) in regio	cribe for and investments in region
(1) See Add'l Data		region	region)		
(2)					
(3)					
(4)					
(5)					
Sa Sub-total     Total from continuation sheets     to Part I	0	<del>-</del>			118,020,363 3,816,033
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	0 the Instructions			No 50082W	121,836,396 Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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 . . . . .

Page 2

Schedule F (Form 990) 2015 Page **3** 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 Part III can be duplicated if additional space is needed (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of of non-cash valuation assistance recipients cash grant disbursement non-cash assistance assistance (book, FMV, appraisal, other) (1) Scholarship for Tuition & East Asia and the 600 Check Pacific - Australia. Brunei, Burma, Cambodia, (2) Scholarship for Tuition & South America -13 133,150 Credit to Student Fees Argentina, Bolivia, Account Brazil, Chile, Columbia, Ecuador, (3) Scholarship for Tuition & South Asia -600 Check Fees A fghanistan, Bangladesh, Bhutan, Indıa, Maldıves, Nepal (4) Scholarship for Tuition & Central America and 5 93,550 Credit to Student Fees he Carıbbean -Account Antigua & Barbuda. A ruba, Bahamas (5) Scholarship for Tuition & East Asia and the 89 1,862,157 Credit to Student Pacıfic - Australia, Account Brunei, Burma, Cambodia, (6) Scholarship for Tuition & Europe (Including 102 1,303,937 Credit to Student (celand & Greenland) Account Albania, Andorra, Austria, Belgiu (7) Scholarship for Tuition & Middle East and North 107,900 Credit to Student Africa - Algeria. Account Bahrain, Djibouti, Egypt, (8) Scholarship for Tuition & North America -11 131,529 Credit to Student Fees Canada and Mexico, Account but but not the United States (9) Scholarship for Tuition & South Asia -33 702,685 Credit to Student Fees A fahanıstan, Account Bangladesh, Bhutan, India, Maldives, Nepal (10) Scholarship for Tuition & Sub-Saharan Africa 214,500 Credit to Student 8 Angola, Benin, Account Fees Botswana, Burkina, Faso, (11) Student Research 4,768 Credit to Student Central America and 6 the Carıbbean -Account Antigua & Barbuda, A ruba, Bahamas, (12) Student Research 2 294 Credit to Student East Asia and the Pacific - Australia, Account Brunei, Burma, Cambodia, (13) Student Research Europe (Including 14 17,584 Credit to Student celand & Greenland) Albania, Andorra, A ustrıa, Belgiu (14) Student Research South America -1 780 Credit to Student Argentina, Bolivia, Account Brazil, Chile, Columbia, Ecuador, (15) Student Research 2,300 Credit to Student 1 South Asıa -A fghanistan, Account Bangladesh, Bhutan, India, Maldives, Nepal, (16) Prizes - Academic East Asia and the 3,540 Credit to Student 6 Pacıfıc - Australıa, Achievement & Account Contests Brunei, Burma, Cambodia, (17) Prizes - Academic South Asia -6 1,895 Credit to Student Achievement & Afghanıstan, Account Bangladesh, Bhutan, Contests Indıa, Maldıves, Nepal (18) Vocational Grant for East Asia and the 3 4,680 Credit to Student Students Pacıfic - Australia, Account Brunei, Burma, Cambodia

Yes 8621) 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

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 ▽ Νo 5713, do not file with Form 990) Yes

Nο

Page 5

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

Schedule F (Form 990) 2015

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

990 Schedule F, Supplemental Information
Return Reference

# Explanation

Schedule F, Part I, Line 3

Method used to account for expenditures on organization's financial statements. Central Am erica and the Caribbean. Accrual East Asia and the Pacific. Accrual Europe (Including Icel and and Greenland). Accrual Middle East and North Africa. Accrual North America. (Canada & Mexico only). Accrual Russia and the new ly independent states. Accrual South America. Accrual South Asia. Accrual Sub-Saharan Africa.

990 Schedule F, Supplemental Information

Return Reterence	Explanation
Schedule F, Part III	Method used to account for grants on organization's financial statements. Central America
	and the Caribbean Accrual East Asia and the Pacific Accrual Europe (Including Iceland an

and the Caribbean Accrual East Asia and the Pacific Accrual Europe (Including Iceland an d Greenland) Accrual Middle East and North Africa Accrual North America (Canada & Mexico only) Accrual Russia & the New ly Independent States Accrual South America Accrual Sout h Asia Accrual Sub-Saharan Africa Accrual

## **Additional Data**

Barbuda, Aruba, Bahamas,

Software ID: Software Version:

**EIN:** 34-0714654

Name: The College of Wooster

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

I OTTIL 330 Schedule 1	GILL ACCIVIT	ics Catsiac i	ne onneed states		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		116,035,067
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Grantmaking		98,318
Central America and the Caribbean - Antiqua &	0	0	Conference Travel		732

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in offices in the region

Barbuda, Aruba, Bahamas, East Asia and the Pacific -

Australia, Brunei, Burma,

Cambodia.

0	Program Services	Research	
	grants to recipients located in the region)	(s) ın region	
region	program services,	specific type of service	
agents in	type) (ı e , fundraısıng,	service, describe	
employees or	conducted in region (by	(d) is a program	

(f) Total expenditures

for region

178

1,871,271

			located in the region)		
Central America and the	0	0	Program Services	Research	8,154
Carıbbean - Antıgua &	_				
Barbuda, Aruba, Bahamas,					

Caribbean - Antigua &					
Barbuda, Aruba, Bahamas,					
Central America and the	0	0	Program Services	Student Support	
`aribbean - Antiqua &					1

Barbuda, Aruba, Bahamas,					
Central America and the Caribbean - Antigua &	0	0	Program Services	Student Support	

Caribbean - Antigua &					
Barbuda, Aruba, Bahamas,					
Central America and the	0	0	Program Services	Student Support	

Grantmakıng

(a) Region (b) Number of (c) Number of (d) Activities offices in the employees or conducted in region (by region

Cambodia,

Cambodia.

East Asia and the Pacific -

Australia, Brunei, Burma,

	agents in region	type) (i e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service (s) in region	
,	0	Conference Travel		

(e) If activity listed in

(d) is a program

A cademic Support

(f) Total expenditures

for region

6,378

265

835

East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Conference Travel	
East Asia and the Dacific -		0	Speaking Engagements	

Australia, Brunei, Burma, Cambodia,	U	·		
East Asia and the Pacific - Australia, Brunei, Burma,	0	0	Speaking Engagements	

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services. (s) in region grants to recipients located in the region) Fast Asia and the Pacific -Program Services 6,644 lResearch Australia, Brunei, Burma, Cambodia, Fast Asia and the Pacific -Program Services Student Services 33,896 Australia, Brunei, Burma, Cambodia, Europe (Including Iceland & Grantmaking 1,321,521

Greenland) - Albania, Andorra, Austria, Belgium

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) Europe (Including Iceland & Conference Travel 20,535 Greenland) - Albania, Andorra, Austria, Belgium 3.293

Speaking Engagements

1,507

Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Fundraising	

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

Europe (Including Iceland &

Greenland) - Albania, Andorra, Austria, Belgium

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) Europe (Including Iceland & Program Services A cademic Support 763,413 Greenland) - Albania, Andorra, Austria, Belgium 30.838

Program Services

Student Services

209,018

Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Services	Research	3

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

Europe (Including Iceland &

Greenland) - Albania, Andorra, Austria, Belgium

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region)

Program Services

Research

107,900

2,057

480

Mıddle East and North Afrıca - Algerıa, Bahraın, Djibouti, Egypt,	0	0	Grantmaking		
Middle East and North Africa - Algeria, Bahrain,	0	0	Program Services	A cademic Support	

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

Djibouti, Egypt,
Middle East and North

Africa - Algeria, Bahrain, Diibouti, Egypt,

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) 4,193

131,529

9,570

Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Services	Student Services	
North America - Canada and Mexico, but but not the	0	0	Grantmaking		

3 1 371 7				
Iorth America - Canada nd Mexico, but but not the Inited States	0	0	Grantmaking	

Conference Travel

Ur

North America - Canada

United States

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

and Mexico, but but not the

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) North America - Canada Speaking Engagements 10,325

6.723

3,335

United States					
North America - Canada and Mexico, but but not the	0	0	Program Services	Research	

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

United States

North America - Canada and Mexico, but but not the

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) Russia & the Newly Program Services Research 2,775

Armenia, Azerbijan, Belarus,				
South America - Argentina,	0	0	Grantmaking	133,930

Program Services

Research

8,920

South America - Argentina,	0	0	Grantmakıng
Bolivia, Brazil, Chile,			
Columbia, Ecuador,			

South America - Argentina,

Bolivia, Brazil, Chile, Columbia, Ecuador,

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

(a) Region (b) Number of (c) Number of (d) Activities employees or conducted in region (by offices in the

Bangladesh, Bhutan, India,

Maldives, Nepal,

	region	agents in region	type) (i e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service (s) in region	
South Asia - Afghanistan, Bangladesh, Bhutan, India,	0	0	Grantmaking		

		- '	
0	0	Grantmakıng	
0	0	Fundraising	

(e) If activity listed in

(d) is a program

(f) Total expenditures

for region

707,480

40.864

Bangladesh, Bhutan, India, Maldives, Nepal,	0			
South Asia - Afghanistan, Bangladesh, Bhutan, India,	0	0	Fundraising	19

,,		1		
South Asia - Afghanistan,	0	0	Fundraising	19,690
Bangladesh, Bhutan, India,	_			
Maldıves, Nepal,				

angladesh, Bhutan, India, laldives, Nepal,	0	r unuraising	
·			

C		D C	A C	
Maldıves, Nepal,				
Bangladesh, Bhutan, India,				

Maldives, Nepal,					
South Asia - Afghanistan,	0	0	Program Services	A cademic Support	

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region

South Asia - Afghanistan,

Bangladesh, Bhutan, India,

Angola, Benin, Botswana,

Maldives, Nepal,

Burkina, Faso,

Sub-Saharan Africa -

			located in the region)		
South Asıa - Afghanıstan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	0	Program Services	Research	

Program Services

Grantmaking

Student Services

for region

2,035

3,050

214.500

(a) Region (b) Number of offices in the region agents in type) (a) Activities conducted in region (by

	region	agents in region	type) (i e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service (s) in region	
Sub-Saharan Africa -	0	0	Program Services	A cademic Support	

1,436
4,378

9,363

(f) Total expenditures

for region

(e) If activity listed in

(d) is a program

lResearch

Angola, Benin, Botswana,

Burkina, Faso,

Angola, Benin, Botswana,
Burkina, Faso,
Sub-Saharan Africa - 0 Program Services Student Services

Program Services

DLN: 9349313201041

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

Department of the Treasury

Internal Revenue Service

# **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

Inspection

Name of the organization The College of Wooster

**Employer identification number** 

34-0714654

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.	

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
  - ✓ Mail solicitations Solicitation of non-government grants
  - ▼ Internet and email solicitations ∇ Solicitation of government grants
  - ▼ Phone solicitations ▼ Special fundraising events
- 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 ✓Yes No
- 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) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Washburn & McGoldrick LLC 950 New Loudon Rd Suite 210	Fundraising/Campaign Counsel		No	0	37,500	-37,500	
Latham, NY 12110							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	I	•	<u> </u>		37,500	-37,500	

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

Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution receipts greater than \$5,000.	ns and gross income			
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
rkie					
Reverkie	1 Gross receipts				
ŭ	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
찣	8 Entertainment				
Direct	9 Other direct expenses				
۵	10 Direct expense summary Add lines 4	through 9 in column (	d)		
Do.	11 Net income summary Subtract line 1 till Gaming.	0 from line 3, column (	d)	<u> ▶</u>	
<u> </u>	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	<b>(c)</b> O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
A P	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
		<b>Yes</b> %	├ Yes%	<b>Yes</b> %	
	6 Volunteerlabor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (	d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organizat		•		Yes No
b	If "No," explain	-			
10a b	Were any of the organization's gaming li	censes revoked, suspe			Yes No
_					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132010417 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The College of Wooster 34-0714654 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

Cat No 50055P

Schedule I (Form 990) 2015

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

expenses, requiring written reports, and/or visiting sites of activities funded by the College grants

### **Additional Data**

Seattle, WA 98144

Software ID: Software Version:

**EIN:** 34-0714654

Name: The College of Wooster

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 5,947 Great Decisions of Wayne 30-0085518 501(c)3 Student Support - Arts County Events 129 Kauke Hall Wooster, OH 44691 Wayne County Historical 34-0961709 501(c)3 15,000 Institutional Support -Society of Ohio Executive Teaching 546 E Bowman Street Wooster, OH 44691 Ashesi University Foundation 91-1997089 501(c)3 15,500 A cademic Support -1414 31st Avenue S Suite Wooster/Ashesi 301 Program

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

non-cash assistance

FMV, appraisal, other)

44.644.758

1729

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

FMV, appraisal, other)

Books

	1		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (e)Method of valuation (book. (f)Description of non-cash assistance (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of cash grant non-cash assistance FMV, appraisal, other) recipients

Supplies



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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

FMV, appraisal, other)

(f) Description of non-cash assistance

Travel

	1	 _

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

non-cash assistance

FMV, appraisal, other)

	_	, , , ,	, ,	
		_	_	

87.161

Student Research

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

FMV, appraisal, other)

Travel

•	<del>-</del>	

Student Research

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

non-cash assistance

FMV, appraisal, other)

	 	,,

69,225

Prizes-Academic Achievement & Contests

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

FMV, appraisal, other)

1.447 FMV

Books

1	i e	1	1	

Prizes-Academic Achievement & Contests

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (f)Description of non-cash assistance (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (e)Method of valuation (book. cash grant non-cash assistance FMV, appraisal, other) recipients

Prizes-Academic Achievement & Contests	4	3,468 FMV	Equipment	

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

FMV, appraisal, other)

Meals

1	i e e e e e e e e e e e e e e e e e e e	l	I and the second

Prizes-Academic Achievement & Contests

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (f)Description of non-cash assistance (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (e)Method of valuation (book. cash grant non-cash assistance FMV, appraisal, other) recipients

Prizes-Academic Achievement & Contests	1	46 FMV	Supplies	

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

(m) Method of valuation (book, provided to the control of the contr

80 FM V

Travel

1	1	1	1

Prizes-Academic Achievement & Contests

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

(a) Type of grant or assistance

(b) Number of cash grant non-cash assistance

(c) A mount of non-cash assistance

(c) A mount of non-cash assistance

(b) Number of cash grant non-cash assistance

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

(F) Description of non-cash assistance

(f) Description of non-cash assistance

1.146 FMV

Trustee Gift

	i e	1	

Prizes-Academic Achievement & Contests

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (f)Description of non-cash assistance (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (e)Method of valuation (book. cash grant non-cash assistance FMV, appraisal, other) recipients

221,205

Vocational Grants for Students

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

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

FMV, appraisal, other)

417 FMV

Books

	l l		

Vocational Grants for Students

**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.

2015

OMB No 1545-0047

DLN: 93493132010417

Open to Public

Department of the

Schedule J (Form 990)

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

reas Iterr	al Revenue Service				Insp	ectio	1
Νa	me of the organization			Employer identification	on nur	nber	
The	college of Wooster			34-0714654			
Рa	rt I Questions Regarding Compensation			34-0714034			
	tareacter to de a mais componente to					Yes	No
La	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p						
	First-class or charter travel	·	Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	sonal residence	ĺ	ĺ	
	▼ Tax idemnification and gross-up payments	<b>~</b>	Health or social club dues or initia	ition fees			
	Discretionary spending account	$\Gamma$	Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organi reimbursement or provision of all of the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to reiml directors, trustees, officers, including the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the filing organizate organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for metho	ods			
	▼ Compensation committee	Γ	Written employment contract				
	Independent compensation consultant	<b>√</b>	Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Part or a related organization	t VII	[, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payi	meni	t?		4a	Yes	
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based	d cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s mu	ist complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of			any			
а	The organization?				5a		No
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7	Yes	
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III				8		No
•	If "Yes" on line 8, did the organization also follow the rel	butta	able presumption procedure describ	ed in Regulations	٠		140

Selledales (Form 550) 2015					r age 🕳						
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	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	P	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015	Page <b>3</b>
Part IIII Supplemental Info	rmation
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
Part I, Line 1a	Tax indemnification and gross-up payments -Grant H Cornwell, President of the College, received taxable gross up payments in the amount of \$1,945 for non cash benefits the College provided Housing allowance or residence for personal use -The College provided the President with a house on campus The house is used substantially for college-related purposes including meetings with students and faculty, meetings with alumni and donors, and other similar events. None of the benefit was treated as taxable income to the President. Health or social club dues or initiation feesGrant H. Cornwell, the President, received a taxable benefit for country club expenses of \$1,242. The President used the club mostly for college-related purposes, including entertaining prospective donors and trustees.
Part I, Lines 4a-b	Former Dean of Students, Kurt Holmes, received a severance payment as part of his separation agreement in the amount of \$129,224 Grant H Cornwell

Part I, Lines 4a-b

Scott Friedhoff and Laurie Houck received discretionary bonuses Part I, Line 7 Schedule J (Form 990) 2015

#### Software ID: **Software Version:**

**EIN:** 34-0714654

Name: The College of Wooster

Form 990, Schedule J, P	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	l T	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MI:  (ii)  Bonus &  Incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1S Georgia Nugent		•	compensation	compensation				
Interim President (after 7/1/15)	(1)	200,000	0	1,782	0	0	201,782	(
	(")	0	0	0	0	0	0	(
1 Scott Friedhoff VP of Enrollment & College	(1)	243,002	5,000	2,322	30,817	21,388	302,529	(
Relations	(11)	0	o	0	0	-	-	C
<b>2</b> Laurie Houck VP of Development & Alumni	(1)	226,056	10,000	1,121	22,765	7,517	267,459	(
Relations	(11)	0	0	0	0		-	(
3Angela Johnston Secretary of College/Chief of	(1)	110,278	0	6,664	12,059	21,369	150,370	(
Staff	(11)	0	0	0	0			(
<b>4</b> Deanna S McCormick	(1)	213,934	0	1,976	21,643	3,580	241,133	(
VP of Finance & Business/Treasurer	(11)	0	0	0	0			
<b>5</b> Carolyn NewtonProvost	(1)	206,082	<u> </u>	2,967	25,458	13,946	248,453	
	(11)	0	0	0	0			
<b>6</b> Ellen Falduto	(1)	160,049	0	1,424	18,695	0 7,406	187,574	
Chief Information & Planning Officer	(11)	0		0	0			
<b>7</b> Jennifer D Winge	(1)	149,781	0	304	15,103	0 7,517	172,705	
Dean of Admission	(11)	0	0	0	0			
<b>8</b> Keith Didonato	(1)	137,509	0	259	13,533	18,838	170,139	
Associate VP of Development	(11)	0						
9John W Sell	(1)	135,336		1.000	15.550	0	0	
Professor of Business Economics		133,330		1,803	16,660	13,272	167,071	(
	(11)		0	0	0	0	0	(
<b>10</b> Stephen Moore Head Coach	(1)	128,544	0	1,278	12,634	12,866	155,322	(
	(11)	0	0	0	0	0	- 0	C
11Grant H Cornwell Former President (until	(1)	266,636	0	634,656	24,281	10,359	935,932	361,950
6/30/15)	(11)	0	0	0	0	- -	_ _	(
12Kurt Holmes Dean of Students (until	(1)	84,311	0	129,381	7,753	9,959	231,404	(
6/30/15)	(11)	0	0	0	0		-	(

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

DLN: 93493132010417 OMB No 1545-0047

Department of the Treasury

(Form 990)

Internal Revenue Service

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

34-0714654

Inspection Employer identification number

Name of the organization The College of Wooster

**Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No Ohio Higher Educational 34-6849674 67756BQW3 12-28-2005 15,852,223 Educational Facilities Χ Χ Χ Facility Commission 67756AY55 9,953,556 Educational Facilities Χ Ohio Higher Educational 34-6849674 05-04-2010 Х Χ Facility Commission Ohio Higher Educational 34-6849674 67756AGC2 05-30-2012 9,182,102 Educational Facilities Х Χ Facility Commission Ohio Higher Educational 34-6849674 04-09-2013 5,770,000 Educational Facilities Х Χ Х Facility Commission Part II **Proceeds** 9,180,000 2,325,000 1,135,000 365,000 5,095,000 Total proceeds of issue 3 5,770,000 15,852,223 9,953,556 9,182,102 5 6 550,000 3,999,686 5,697,211 Issuance costs from proceeds . . . . . . . . . . . . . . . . . . 7 197,223 197,350 182,416 65,270 8 Working capital expenditures from proceeds . . . . .

9	working capital expenditures from proceeds								
10	Capital expenditures from proceeds		15,105,000		9,756,206		5,000,000		
11	Other spent proceeds								7,519
12	Other unspent proceeds								
13	Year of substantial completion	20	08	20	12	20	13	20	14
		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?		х		Х	Х		Х	
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	
17	Does the organization maintain adequate books and records to support the final								

allocation of proceeds? Drivate Rusiness Use

-C	Private business use								
			Α	I	В		С	I	)
		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?		×		х		×		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		x		Х		X		х

Χ

Х

Х

D

			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busines of bond-financed property?	suse		Х		Х		Х		Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other o counsel to review any management or service contracts relating to the financed	utside								
prope	erty?									
С	Are there any research agreements that may result in private business use of bond financed property?	d-		Х		Х		Х		x
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other o counsel to review any research agreements relating to the financed property?	utside								
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							'		
5	Enter the percentage of financed property used in a private business use as a resu unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	on								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	9		×		х		x		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispose	ed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations section:	S								
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?	t	Х		х		×		Х	
Par	t IV Arbitrage									
		Α			В		С		П	
	Ye		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?	:5	X	res	X	16	:5	X	res	X
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		X		Х	X	:		X	
b	Exception to rebate?		Х		Х			Х		X
С	No rebate due?			Х				Х		×
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				·					
3	Is the bond issue a variable rate issue?		Х		Х			Х		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х			Х		×
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
	·			•	•	•		Sc	hedule K (For	m 000) 201E

В

С

D

С

В

		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross contract (C	s proceeds invested in a guaranteed investment GIC)?		Х		×		x		X
<b>b</b> Name of pr	ovider								
c Term of GI	C								
	gulatory safe harbor for establishing the fair market e GIC satisfied?								
6 Were any g	ross proceeds invested beyond an available temporary		х		×		x		X
•	ganization established written procedures to monitor ments of section 148?	X		×		×		×	
Part V Pro	cedures To Undertake Corrective Action								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
that violati and correc	ganization established written procedures to ensure ons of federal tax requirements are timely identified ted through the voluntary closing agreement program if iation is not available under applicable regulations?		Х		×		х		×
Part VI S	upplemental Information. Provide additional info	rmation for resp	onses to que	estions on Se	chedule K (se	ee instructio	ns).		
Return Ref	erence	Explanation							
Date Rebate Com	12/22/2015 Issuer Name Onio Higher Educa					ıs			
	Performed 03/30/2015								

Α

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SCHEDULE M (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

DLN: 93493132010417 OMB No 1545-0047

2015

reas	rtment of the sury nal Revenue Service		bout Schedu	lle M (Form 990) and its ins	tructions is at <u>www.irs.qc</u>	ov /form990	Open to Inspe		
	ne of the organiza	ition				Employer ident i	fication nu	mber	
ne c	College of Wooster					34-0714654			
Pa	rt I Types	of Property			•				
			(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash co	(d) of determinantribution a	_	ıts
1	Art—Works of a	rt	Х	1	1,200	Cost			
2	Art—Historical	treasures .							
3	Art—Fractional	interests							
4	Books and publ	ications	Х		2	Other			
5	Clothing and ho	usehold	l x		2	Other			
_	goods								
	Cars and other								
	Boats and plane								
	Intellectual pro			100	1 102 522	EM1/			
	Securities—Pub	•	X	108	1,103,532	FMV			
	Securities—Clo Securities—Par or trust interest		•						
12		cellaneous							
	Qualified conse contribution—H structures .	rvation istoric							
14	Qualified conse contribution—O	rvation							
15	Real estate—Re	esidential .							
16	Real estate—Co	ommercial							
17	Real estate—Ot	her							
18	Collectibles .								
	Food inventory								
	Drugs and medi								
	Taxidermy .								
	Historical artifa								
	Scientific speci								
	Archeological a	rtifacts			20.00				
	Other►( Materials)		X	4	28,892	Cost			
	Other ► (		X	1	200	FMV			
	Gift Cards (40))								
000	Other►( d&Drinks - Alun	nnı	Х	1	93	FMV			
evel									
	Other ▶ (	)	by the oran	l Inization during the tax yea	r for contributions	1			
29			, .	283, Part IV, Donee Ackno		29		Yes	No
30a	During the yea	r, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, t	hat		1.00
		-		e date of the initial contribu					
		,			icion, and which is not requ	ned to be ased			١
		'		period?			· 30a		No
b		ibe the arrangem							ļ
31	Does the organ	nization have a gi	ft acceptant	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u></u>
32a	Does the organ		e third parti	es or related organizations	to solicit, process, or sell	noncash · · ·	32a		No
b	If "Yes," descr	ibe in Part II							

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,

Part I, Column (b) The organization is reporting the number of contributions

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE 0** (Form 990 or

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

DLN: 93493132010417

Name of the organization The College of Wooster

990-EZ)

Treasury

Service

Department of the

Internal Revenue

**Employer identification number** 34-0714654

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Board of Trustees has delegated the responsibility and authority for review of the Form 990 to the Audit Committee. The Audit Committee, with the assistance of the independent public accounting firm, reviews and approves the Form 990 before submission to the IRS. A full copy of the Form 990 is provided to all trustees prior to filing the form with the IRS.
Form 990, Part VI, Section B, line 12c	The College respects the right of its trustees, officers, faculty, and staff members to en gage in outside business, financial, service, and/or other activities, recognizing that conflicts of interest do arise from time to time, and that these conflicts. 1 May result from the individual's relationships with outside organizations, persons, or causes reflecting the person's prominence, reputation, and influence, and 2 Need not be harmful, and, and eed may be favorable, to the College's interests, as long as they are disclosed and unders tood in the College's decision-making processes. Such real or apparent conflicts are not considered detrimental if 1. They are fully disclosed to the appropriate designated senior staff member or the Audit Committee of the Board, 2. Their nature is known and understood by the individual's immediate supervisor and the appropriate senior staff member for faculty and staff employees, and the Audit Committee of the Board of Trustees for senior staff members, the president, and trustees, 3. Disclosure is made at the earliest practicable time, 4. The commitment of time to these activities does not interfere with the individual's duties, 5. The trustee or employee refrains from participating in College matters related to such activities, and 6. The trustee or employee always acts in a manner that fosters the objectives of the College's core mission to provide the best possible educational experience for Wooster's students, to provide the proper environment for faculty to teach, and to responsibly stew and the College's financial, human, and physical resources. Conflict of interest questionnaires are completed annually by all trustees and each officer, senior staff, faculty, and staff member who is currently serving the College and who has authority to requisition, purchase, or contract for materials or services for the College, or who has responsibility for approving the same. The Chair of the Audit Committee reviews all questionnaires on an annual basis. The Conflict of Interest policy

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	The Executive Committee of the Board of Trustees reviews surveys conducted by the Great Lakes Colleges Association (GLCA) and joint payroll surveys conducted by the GLCA and Associated Colleges of the Midwest (ACM) Compensation arrangements for the President are reviewed and approved by independent members of the Executive Committee. The President's compensation is determined based on reference to the salary surveys and the President's job performance. Recommended compensation arrangements for other senior officers and staff are developed by the President in consultation with the Chairman of the Board and are based on the above-mentioned salary surveys, job performance, and experience in the position. These recommendations are presented to the full Executive Committee for discussion and approval. Compensation decisions made by the Executive Committee affecting the President and other senior officers are reported to the full Board of Trustees.
Form 990, Part VI, Section C, line 18	The College filed its Form 1023 before July 15, 1987 and did not have a copy of this filin g as of that date. Under the regulations of the Internal Revenue Code, the College is not required to make its Form 1023 available for public inspection. Form 990 and 990T are available upon request for the past three years in accordance with IRC Section 6104(d).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI,	The College posts its audited financial statements on the College wiebsite (www.wooster.edu). The College does not

Form 990, Part VI, Section C, line 19

Form 990. Part XI, line 9

make its governing documents or conflict of interest policy available to the public

Change in Value of Trusts Held by Others -285.823

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**DLN: 93493132010417**OMB No 1545-0047

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.qov/form990"><u>www.irs.qov/form990</u></a>.

Internal Revenue Service

Name of the organization
The College of Wooster

The College of Wooster

34-0714654

Part I Identification of Disregarded Entities Complete	e if the organization a	answered "Yes" on	Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) Wooster Technology Group LTD 1101 North Bever Street Wooster, OH 44691 26-3895769	Holds Patents	ОН	318	40,586	The College of Wooster		
(2) The Wooster Inn Management Company LTD 1101 North Bever Street Wooster, OH 44691 26-4321151	Inn Management	ОН	29,542	56,788	The College of Wooster		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		 e organization ans  -	 	Form 990, Part	IV, line 34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity sta (if section 501(c)		Section (13) co en	( <b>g)</b> n 512(b) ontrolled
(1)Great Lakes Colleges Association Inc 535 West William	Education Consortium	MI	501(c)(3)	Line 11a, I	N/A	Yes	No No
Ann Arbor, MI 48103 38-1678376 (2)The Five Colleges of Ohio	Education Consortium	ОН	501(c)(3)	Line 11a, I			No
209 Chase Avenue Eaton Center  Gambier, OH 43022 31-1440434					N/A		

Part III	Identification of Related Organizations Taxable as a Partnership Complete if	the organization	answered "	'Yes" on	Form 9	90, Part I\	/, 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	domicile		(e) Predominant income(related,	(f) Share of total income		(h Disprop alloca	) ortionate ations?	amount in box	mana	ral or aging	(k) Percentage ownership
		(state or foreign country)	entity	unrelated, excluded from tax under sections 512- 514)		assets			20 of Schedule K-1 (Form 1065)	parti	ner <sup>?</sup>	
				514)			Yes	No		Yes	No	
												•
											Ь,	í
											$\vdash$	
Part IV Identification of Polated Organizations Tavable							<u> </u>					

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)( control entited	n 512 13) olled
(1)Pooled Income Fund (2)	Pooled Income Fund	ОН	The College of Wooster	Т				Yes	
(2) Charitable Remainder Trust (5)	Chantable Trust	ОН	The College of Wooster	T				Yes	
(3)Charitable Lead Trust (1)	Chantable Trust	ОН	The College of Wooster	T				Yes	

Part V	Transactions With Related Organizations Complete if the organization answe	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Not	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift	grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gıft	grant, or capital contribution from related organization(s)				<b>1</b> c	Yes	
<b>d</b> Loa	ns or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Loa	ns or loan guarantees by related organization(s)				1e		No
<b>f</b> Div	dends from related organization(s)				1f		No
<b>g</b> Sal	of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Pur	hase of assets from related organization(s)				1h		No
i Exc	ange of assets with related organization(s)				1i		No
<b>j</b> Lea	e of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No
	rmance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	· · · · · · · · · · · · · · · · · · ·				1m		No
<b>n</b> Shai	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
<b>o</b> Sha	ring of paid employees with related organization(s)				10	Yes	
<b>p</b> Rei	nbursement paid to related organization(s) for expenses				1p	Yes	
<b>q</b> Rei	nbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Oth	r transfer of cash or property to related organization(s)				1r		No
	er transfer of cash or property from related organization(s)				<b>1</b> s	Yes	
<b>2</b> If th	e answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount ir	nvolved	

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

