'04 3657757 1 SEP 2920 No Statute Issue

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

AF	or the	2015 calendar year, or tax year beginning J	UL 1, 2015 and	ending J	UN 30, 2016	
B C	Check if ipplicab	C Name of organization			D Employer identif	fication number
	Addre	Earlham College				
<u>_</u>	Name chang				35-08	68073
\sqsubseteq	Initial return	Number and street (or P 0 box if mail is not de	livered to street address)	Room/suite	E Telephone numb	er
	Final	801 National Road West			765-9	83-1200
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	65,408,505.
Х	Amen return	RICHMONG, IN 4/3/4			H(a) Is this a group	return
	Application	F Name and address of principal officer Aline	Houtman		for subordinate	s? Yes X No
	pendi	same as C above			H(b) Are all subordinates	included? Yes No
1 7	ax-ex	empt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach	a list (see instructions)
		te: ▶ www.earlham.edu			H(c) Group exempti	,
			ssociation Other	L Year	of formation, 1881	M State of legal domicile IN
	art I	Summary			· · · · · ·	
۵.	1	Briefly describe the organization's mission or mos	t significant activities An int	ellectua	lly challenging,	
Governance		globally engaged, and socially concer	ned liberal arts colleg	e	er i ikilT	
r.	2	Check this box If the organization disco	entinued its operations or dispo	SIAIUI sed of more	t UNII	essets
Š	3	Number of voting members of the governing body	(Part VI. line 1a)	RECE	the 25% of its net a	24
		Number of independent voting members of the go	•		-	23
Activities &		Total number of individuals employed in calendar	• • • • • • • • • • • • • • • • • • • •	AUG 0	3 2020 5	1434
Ē	6	Total number of volunteers (estimate if necessary)			<u> </u>	500
ŧ		Total unrelated business revenue from Part VIII, c		TPR BE	KANCH —	
ĕ		Net unrelated business taxable income from Form	` '	, OGE	JEN 128	
	-	ivet difference business taxable income from form		 	Prior Year	Current Year
	8	Contributions and grants (Part VIII line 1b)			20,059,749	
Revenue	1	Contributions and grants (Part VIII, line 1h)	1 12	31 ⊢	50,429,155	
ě	1	Program service revenue (Part VIII, line 2g)	MAY 2 2 2020	d ⊢		. <255,389.>
æ	10	Investment income (Part VIII, column (A), lines 3,4	ng cultur (U)		14,160,858	
	11	Other revenue (Part VIII, column (A), lines 5, 6¢, 8¢	OGDEN UT	1 ⊢		
		Total revenue - add lines 8 through 11 (must equa		<u>. </u>	84,649,762	
		Grants and similar amounts paid (Part IX, column	• • •	<u> </u>	27,168,297	31,239,105.
	l	Benefits paid to or for members (Part IX, column (•	-	0 052 071	` <u></u>
ses	l .	Salaries, other compensation, employee benefits	, , , , , , , , , , , , , , , , , , , ,	_	28,962,071	. 29,681,040.
Expenses	ŀ	Professional fundraising fees (Part IX, column (A),				0.
Ϋ́	i .	Total fundraising expenses (Part IX, column (D), Iir	ne 25) \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\)	,304.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11c	l, 11f-24e)		28,781,442	
	18	Total expenses Add lines 13-17 (must equal Part	IX, column (A), line 25)		84,911,810	
	19	Revenue less expenses Subtract line 18 from line	12		<262,048	.> <26,214,427.>
26.				Ве	eginning of Current Year	End of Year
Sala	20	Total assets (Part X, line 16)			402,858,201	. 380,953,927.
Fund Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		<u> </u>	112,006,777	
<u> - 근</u>	22	Net assets or fund balances Subtract line 21 fron	line 20		290,851,424	. 263,383,113.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return				ny knowledge and belief, it is
rue,	correc	t, and complete Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge.	<u> </u>
		Stury & Navidsen			5//5/	2020
Sigi	n	Signature of officer			Date	
Her	e	Stacy L. Davidson, VP Finance & F	Administration			
	_	Type or print name and title	1	1.3	N-1-	II BYIII
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	j	Ted R. Batson, Jr.	Led R Batio		5/15/2020 self-empto	yed P00721951
Prep	parer	Firm's name Capin Crouse LLP	,		Firm's EIN ▶	36-3990892
Jse	Only	Firm's address > 345 Massachusetts Avenue	e, Suite 300			
		Indianapolis, IN 46204			Phone no 31	7-885-2620
Иay	the II	RS discuss this return with the preparer shown ab	ove? (see instructions)			X Yes No
320	01 12-1	6-15 LHA For Paperwork Reduction Act Noti	ce, see the separate instructi	ons.		Form 990 (2015)

	n 990 (2015) Earlham College	35-0868073 Pag	<u>je 2</u>
Pa	rt III Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission		
	The mission of Earlham College, an independent, residential college,		
	is to provide the highest quality undergraduate education in the		
	liberal arts, including the sciences, shaped by the distinctive		
	perspectives of the Religious Society of Friends (Quakers).		
2	Did the organization undertake any significant program services during the year which were not listed on	()	
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 77,199,994. including grants of \$ 30,853,999.) (Revenue	ue \$ 51,937,94	1.)
	Earlham College - Providing high quality liberal arts education for		_
	approximately 1,000 undergraduates and 50 graduate students. Serving		
	the local community through arts, music, and cultural events open to		
	the public. Students volunteer with many community service		
	organizations. Approximately 2,500 people in the local community are	·	
	served in this way.		
			—
			—
		•••	
			—
4b	(Code) (Expenses \$ 1,425,154. including grants of \$ 385,106.) (Revenue	ue \$ 570,60	3.1
	Earlham School of Religion - Providing seminary training for		<u> </u>
	approximately 100 students.	·	—
		 ,	
		·	—
4c	(Code) (Expenses \$	e \$)
		· · · · · · · · · · · · · · · · · · ·	
			_
			_
		*** *	
			
			—
4~	Other program convecs (Describe in Schodule O.)		—
4d	Other program services (Describe in Schedule O)	•	
	(Expenses \$ including grants of \$) (Revenue \$)	—
<u>4e</u>	Total program service expenses ► 78,625,148.	- ` 000 :-	
		Form 990 (2)	J15)

Part IV Checklist of Required Schedul	es
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			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۴		
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	112		
	assets reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		Х
Ø	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	401-	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	x	
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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		x
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		х
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	17		х
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		l	.,
	complete Schedule G, Part III	19	990	X
		rorm	990 (ZU 151

Part IV	Checklist of Required Schedules (continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	х	
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	x	
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	х	
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	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	.		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26_		Х
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l l		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. But the organization make any transfers to an example and characteristics.	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	-	2015)

orm	990 (2015) Earlham College 35-0868073		Ρ	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Х
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1276			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1434			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b	If "Yes," enter the name of the foreign country > See Schedule 0			· · · · ·
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
-	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-02		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c)			<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		l x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	\ <u>'</u>		 -
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			-
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	┝╬╌		-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			•
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b .			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	1			
12-	amounts due or received from them) [11b] Section 4947(a)(1) per exempt charitable trusts, is the exemptation filing Form 999 in liquid Form 19412	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) gualified papers to be alth incurance incurs.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	Note See the instructions for additional information the organization must report on Schedule O			١,
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand	, ,		l

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

14a

14b

Earlham College Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI \mathbf{x} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 24 1a 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 23 b Enter the number of voting members included in line 1a, above, who are independent 1b 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? х 2 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? х 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? х 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O х q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? x 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c х x 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

Stacy L. Davidson - 765-983-1200 801 National Road West, Richmond,

IN 47374

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position do not check more than one ox, unless person is both an ifficer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	er lustrutonal trustee	Officer		Highest compensated 4/2/20	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Deborah Hull	4.00									
Chair		х	<u> </u>	х				0.	0.	0.
(2) John Young	2.00		ĺ							
Vice Chair		х		х				0.	0,	0.
(3) Raymond Ontko	2.00									
Secretary		Х		х	_	<u> </u>		0.	0.	0.
(4) John David Dawson	50.00					l				
President		Х	<u> </u>	Х	<u></u>	<u></u>		311,119.	0.	101,101.
(5) Ellie Bewley	2.00	1								
Trustee		Х						0.	0.	0.
(6) Gerry Cooper	2.00									
Trustee		Х	L	<u> </u>	L			0.	0.	0.
(7) William Dubois	2.00									
Trustee		Х	ļ	_	<u> </u>	_		0,	0.	0.
(8) David Jones	2.00		Ì							
Trustee		Х	<u> </u>	ļ	<u> </u>	L		0.	0.	0.
(9) Della Stanley-Green	2.00									
Trustee		Х						0.	0.	0.
(10) Diana Hadley	2.00									
Trustee		х	_					0.	0.	0.
(11) Ian Henry	2.00	Į								
Trustee		Х	L					0.	0.	0.
(12) Peggy Hollingsworth	2.00									
Trustee		х						0.	0.	0.
(13) Fred McClure	2.00									
Trustee		X			<u> </u>			0.	0.	0.
(14) David Matthews	2.00									
Trustee		Х	<u> </u>		<u> </u>		L.	0.	0.	0.
(15) Steve Mills	2.00	l								
Trustee		х			<u> </u>		<u> </u>	0.	0.	0.
(16) Virginia Mills	2.00	Į								
Trustee		х			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(17) Randall Sadler	2.00									
Trustee	1,00	Х	ſ		1	l		0.]	0.	0.

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(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average hours per week	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organization below line)	Individual trustee or director	I trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) John Scarlett	2.00									
Trustee		Х						0.	0.	0.
(19) Marion Shore	2.00									
Trustee	1.00	-				L	L	0.	0.	0.
(20) David Stump	2.00	긔								
Trustee		Х						0.	0.	0.
(21) Tanıa Deng	2,00	<u> </u>								
Trustee		Х	<u> </u>			<u> </u>		0.	0.	0.
(22) Polly Dawkins	2.00	<u>l</u>		İ						
Trustee		X	上	<u> </u>	_	<u> </u>		0.	0.	0.
(23) Alan Scantland	2.00									
Trustee		х						0.	0.	0.
(24) Kirk Wright	2.00									
Trustee		х						0.	0.	0.
(25) Gregory Mahler	50.00									
VP of Academic Affairs		\perp		х				172,855.	0.	40,443.
(26) Sena Landey	50.00)								
VP of Finance & Admin.	3.00			х				172,630.	0.	37,942.
1b Sub-total							>	656,604.	0.	179,486.
c Total from continuation sheets to	Part VII, Section A						>	1,460,955.	0.	281,913.
d Total (add lines 1b and 1c)							>	2,117,559.	0.	461,399.

compensation from the organization

3 4

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

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 calendar year ending with or within the organization's tax year

neering ekeeping	2,803,626
ekeeping	1,616,782
ekeeping	1,616,782
Services	1,308,022
Services	1,283,524
ral Contractor	785,498
2	eral Contractor

Part VII Section A. Officers, Directors, Tru (A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	(r) Estimated
Name and title	hours (check all that apply)						Iv)	compensation	compensation	amount of
	per	Ť					<u> </u>	from	from related	other
	week					yee	l	the	organizations	compensation
	(list any	ector				oldwa		organization	(W-2/1099-MISC)	from the
	hours for	or dir	_ پر			ated 6		(W-2/1099-MISC)		organization
	related	ustee	truste		ا پو	Suadi				and related
	organizations	la tr	lonal		ploye	E 031				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Laura Hutchinson	50.00									
VP Student Dev & Dean				х			L	129,473.	0.	33,984
(28) Avis Stewart	50.00									
VP Community Relations				х				172,147.	0.	27,212
(29) Jay Marshall	50.00									
VP & Dean of ESR				х				144,054.	0.	34,315
(30) Jonathan Stroud	50.00									
VP for Enrollment & Comm.		1		х				185,929.	0.	28,911
(31) Phillip Morgan	10.00				-					,
Chief Investment Officer	40,00	١.		x				129,536.	0.	31,052
(32) Nelson Bingham	50.00									
Psychology Professor	 	1				х		100,860.	0.	21,206
(33) Stephen Angell	50.00							· · · · · ·		
Prof. of Quaker Studies						х		107,980.	0.	30,809.
(34) Bonita Washington-Lacey	50.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Assoc, VP for Academic Aff	<u> </u>					х		106,746.	0.	25,508.
(35) Barbara Caruso	50,00									,
Prof. of English						х		102,185.	0.	30,076
(36) Monteze Snyder	50.00									,
Prof. of Business						х		282,045.	0,	18,840.
		_	-			<u> </u>	_	202,010.		10,010
	-									
								-		
					_					
									į	
								<u> </u>		
				Щ	Щ					
										281,913.

L		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
			, , ,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	to co e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ve 1f	3,979,848. 958,679. 6,985,187. 4,532,798.	11,923,714.			
				Business Code				
ice	2 a			900099	42,557,600.	42,557,600.		<u> </u>
le Š	b			611710	8,873,644.	8,873,644.		ļ
ve S	C	Other income		900003	1,077,300.	1,077,300.		
Program Service Revenue	d						· · · · ·	
P.	f	All other program service reve	enue					·
	g	Total. Add lines 2a-2f		—	52,508,544.			1
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	·	>	80,479.			80,479.
	J	Royalties	(ı) Real	(II) Personal				
İ	6 a	Gross rents	ty rrear	(ii) i ersoriai				
	b							
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	773,545.	122,223.				1
	b	Less cost or other basis						
		and sales expenses	1,165,137.	66,499.				
		Gain or (loss) Net gain or (loss)	<391,592.	55,724.	<335,868.			<335,868.
		Gross income from fundraisin	a events (not		7333,000.			2333,000.
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less direct expenses	of					
0		Net income or (loss) from fund					·	
ĺ		Gross income from garning ac	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	-				*	
i	10 a	Gross sales of inventory, less	returns					
		and allowances	a .					
		Less cost of goods sold	b					
-	C	Net income or (loss) from sale		Pusiness Code		· · · · · · · · · · · · · · · · · · ·		
}	11 a	Miscellaneous Revenu		Business Code				- -
	b			- -				
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
- 1	40	Total revenue See instructions			64 176 960	52 508 544	0	-255 389

Form 990 (2015) Earlham College Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	oot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	3,385,328.	3,385,328.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	27,853,777.	27,853,777.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 897 790	520 323	1 191 004	106 272
_	trustees, and key employees Compensation not included above, to disqualified	1,897,790.	520,323.	1,181,094.	196,373
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,730,915.	15,873,391,	3,167,671.	689,853
	Pension plan accruals and contributions (include		, _, _, _, _, _,	-,20,,0,2,	005,033
	section 401(k) and 403(b) employer contributions)	1,256,838,	1,011,456.	202,239.	43,143
	Other employee benefits	5,457,559.	3,584,520.	1,694,344.	178,695
	Payroll taxes	1,337,938.	1,097,462.	193,384.	47,092
11	Fees for services (non-employees)		· · · · · · ·		······································
а	Management				
b	Legal	154,952.	662.	154,290.	
С	Accounting	85,772.		85,772.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	3,300,753.	2,284,724.	956,168.	59,861
12	Advertising and promotion	155,191.	32,608.	122,583.	
13	Office expenses	2,985,091.	2,347,921.	452,017.	185,153
14	Information technology	793,041.	387,504.	360,559.	44,978
15	Royalties		·		
16	Occupancy	3,628,644.	3,623,899.	2,808.	1,937
17	Travel	1,138,270.	917,428.	156,339.	64,503
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	236,062.	197,701.	34,958.	3 403
19	Conferences, conventions, and meetings	230,002.	197,701.	34,956.	3,403
20	Interest Payments to affiliates	3,526,414.	3,292,110.	234,304.	
21 22	Depreciation, depletion, and amortization	6,353,625.	5,970,647.	328,783.	54,195
	Insurance	512,790.	189,131.	323,659.	
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	Meals	3,017,151.	2,795,107.	192,119.	29,925
b	Off campus programs	1,852,890.	1,843,439.	9,451.	
С	Library Purchases	452,641.	452,641.		
d	Membership	301,458.	150,529.	136,669.	14,260
е	All other expenses	976,406.	812,840.	133,633.	29,933
25	Total functional expenses Add lines 1 through 24e	90,391,296.	78,625,148.	10,122,844.	1,643,304
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2015

		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
		Silver in deficed to contains a response of not	ai	IJ III C III C III C III C III C II	(A)	Ι	(B)
					Beginning of year		End of year
	1	Cash non-interest-bearing			37,807.	1	28,738.
	2	Savings and temporary cash investments	14,742,373.	2	8,840,871.		
	3	Pledges and grants receivable, net	4,137,035.	3	2,033,886.		
	4	Accounts receivable, net		2,224,247.	4	2,077,188.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	·	l			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under	· · · · · · · · · · · · · · · · · · ·		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ä	8	Inventories for sale or use			123,750.	8	77,509.
	9	Prepaid expenses and deferred charges			978,039.	9	930,643.
	10 a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	213,970,405.			
	b	Less accumulated depreciation	10b	67,982,165.	142,171,605.	10c	145,988,240.
	11	Investments - publicly traded securities			16,688,735.	11	15,086,246.
	12	Investments other securities See Part IV, line 1	1	Ţ.		12	
	13	Investments - program-related See Part IV, line	11		4,103,519.	13	3,938,466.
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	217,651,091.	15	201,952,140.		
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	402,858,201.	16	380,953,927.
	17	Accounts payable and accrued expenses	7,230,813.	17	5,461,731.		
	18	Grants payable		18			
	19	Deferred revenue		141,473.	19	123,139.	
	20	Tax-exempt bond liabilities			86,837,782.	20	84,407,818.
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Ħ		key employees, highest compensated employee	s, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ited th	ird parties	9,000,000.	23	16,824,050.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
	ļ	parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		<u> </u>	8,796,709.	25	10,754,076.
	26	Total liabilities. Add lines 17 through 25			112,006,777.	26	117,570,814.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🗓 and			
Ses		complete lines 27 through 29, and lines 33 an	d 34.	-			
auc	27	Unrestricted net assets		<u> </u>	90,015,445.	27	73,823,305.
Bal	28	Temporarily restricted net assets		<u> </u>	181,238,061.	28	170,466,513.
밀	29	Permanently restricted net assets			19,597,918.	29	19,093,295.
Ţ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
õ		and complete lines 30 through 34.] <u>-</u>			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		<u> </u>		30	
As	31	Paid-in or capital surplus, or land, building, or eq) —		31	
Vet	32	Retained earnings, endowment, accumulated in	come,	or other funds	200 251 45	32	000 000 000
-	33	Total net assets or fund balances		<u> </u>	290,851,424.	33	263,383,113.
	34	Total liabilities and net assets/fund balances			402,858,201.	34	380,953,927. Form 990 (2015)

Forn	n 990 (2015) Earlham College	35-0868073		Рa	ge 12
Pa	rt XI Reconciliation of Net Assets	· · · · · · · · · · · · · · · · · · ·			*
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64	,176	<u>,869</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	90	,391	,296.
3	Revenue less expenses Subtract line 2 from line 1	3	<26	,214	,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	290	,851	,424.
5	Net unrealized gains (losses) on investments	5		665	,853.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1	,919	737.:
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	263	,383	,113.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Lx
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				لـــا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both			,	}
	Separate basis X Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			[
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audrt			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зh	х	

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

			m College						5-0868073	
Part	П	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instruction	s		
The or	e organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)									
1 🗀	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 🖸	(A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ))				
з⊑		A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	II).			
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state								
5 C		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit describ	ped in	
		section 170(b)(1)(A)(iv). (0		•	•					
6 🗆		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	(v).			
7	\neg	An organization that norma	-					he general	nublic described in	
		section 170(b)(1)(A)(vi). (C	-					9	, , , , , , , , , , , , , , , , , , ,	
8 	$\overline{}$	A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \					
9 🗆	_	An organization that norma				contributi	one member	shin fees a	and gross receipts from	
·		activities related to its exer								
		income and unrelated busin		· ·					_	
		See section 509(a)(2). (Co		(less section of reak) if	OIII DUSIIIE	sses acqu	ined by the of	garnzation	alter Julie 30, 1973	
10				walk to tost for public s	ofatu Saa	costion E	20/21/41			
11		An organization organized a An organization organized a	-	•	-			arny out the	nurnesses of one or	
'' -		-		-				-	• •	
		more publicly supported or	-						Sheck the box in	
_		lines 11a through 11d that				-		_		
а		Type I. A supporting orga								
		the supported organization			а тајопц	or the ore	ctors or truste	es of the s	supporting	
		organization You must o			بر عامیات سامید			(
Ь		Type II. A supporting org	•				<u> </u>			
		control or management of	· · · · · · ·		ame perso	ons that co	ontrol or mana	ige the sup	рропеа	
_		organization(s) You mus	•					11		
С		Type III functionally inte	-					lly integrate	ed with,	
		its supported organizatio								
d	L	Type III non-functionally						_		
		that is not functionally int	•	•	-		•	d an attent	iveness	
1		requirement (see instruct	•	•						
е	L	Check this box if the orga					a Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ıng organı	zation				
f E	nte	r the number of supported o	organizations							
g F		ide the following information			1/\ la +b = a			· · · · · · · · · · · · · · · · · · ·		
	(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1.9		rganization in your	(v) Amount of support	•	(vi) Amount of other support (see	
		organization		above (see instructions))		document?	instruct		instructions)	
		··· ·· · · · · · · · · · · · · ·			Yes	No				
			<u> </u>		<u></u>					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")	21,939,110.	27,783,989.	23,233,405.	20,059,749.	11,923,714.	104,939,967.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	21,939,110.	27,783,989.	23,233,405.	20,059,749.	11,923,714.	104,939,967.				
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)	i					2,515,826.				
6	Public support. Subtract line 5 from line 4						102,424,141,				
	ction B. Total Support	L		l							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
	Amounts from line 4	21,939,110.	27,783,989,	23,233,405.	20,059,749.	11,923,714.	104,939,967.				
	Gross income from interest,	' '-		·······························		, ,	, , , , , , , , , , , , , , , , , , , ,				
Ü	·										
	dividends, payments received on securities loans, rents, royalties										
	and income from similar sources	1,285,383.	1,621,289.	3,120,424.	2,933,262.	80,479.	9,040,837.				
۵	Net income from unrelated business		_,,,,	-,,,		55,110.					
9											
	activities, whether or not the										
10	business is regularly carried on										
10	Other income Do not include gain										
	or loss from the sale of capital										
4.4	assets (Explain in Part VI)						113,980,804.				
	Total support. Add lines 7 through 10		1			12	261,171,913.				
	Gross receipts from related activities,	•	•			L	201,171,313.				
13	First five years. If the Form 990 is for	•	tirst, second, third	i, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	·				
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage			 					
	. .			-l (A)		44	89.86 %				
	Public support percentage for 2015 (I		· ·	olumn (1))		14					
	Public support percentage from 2014		•		14 00 1 (00)	15	%				
108	33 1/3% support test - 2015. If the c	-		i line 13, and line i	14 IS 33 1/3% OF II	nore, check this bo	x and				
	stop here. The organization qualifies		•	40 40	h 45 00 4 (00)						
D	33 1/3% support test - 2014. If the c	-			line 15 is 33 1/3%	or more, cneck to	nis dox				
	and stop here. The organization qual		• •		10.10 10						
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac				-	rt VI how the organ	ization				
	meets the "facts-and-circumstances"	-		•	_		▶□				
b	10% -facts-and-circumstances tes	-									
	more, and if the organization meets the		•		•		,				
	organization meets the "facts and-circ		=	· ·	· · · · · ·		>				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	•	nd see instruction					

Schedule A (Form 990 or 990-EZ) 2015 Earlham College 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				L	1	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-	· · · · · · · · · · · · · · · · · · ·				-	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
٠	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5				-		
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	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 from line 6.)				<u> </u>]	
	ction B. Total Support	r				T	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				ļ		
10a	Gross income from interest, dividends, payments received on					<u> </u>	
	securities loans, rents, royalties						
	and income from similar sources						······································
b	Unrelated business taxable income	 		•			
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	ŭ	, ,	,	•	(//)	▶□
Sed	tion C. Computation of Publ	ic Support Pe	rcentage				· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2015 (I	ine 8, column (f) d	ivided by line 13, c	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves					-	
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from	•				18	%
	33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a	_					▶□
ь	33 1/3% support tests - 2014. If the	=	-	•	· · · · · ·		and
	line 18 is not more than 33 1/3%, che	-					▶ □
20	Private foundation. If the organization			·		•	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10a

10b

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	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)		l	l
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities of 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		1	
	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	-		
2		-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			i
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization	2	<u> </u>	L
360	ction C. Type II Supporting Organizations		l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s)	1	l	
Sec	ction 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			İ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	İ		ĺ
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins.	ructions)	
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 Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	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	T		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
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	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 See instri	uctions. All
	other Type III non functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	tion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Schedule A (Form 990 or 990-EZ) 2015

Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions	- <u>-</u>		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(11)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а	i			
b	I			
С	1			
d	From 2013			
е	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			-·
	Remainder Subtract lines 4a and 4b from 4			, '''
	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3;			
•	and 4c			
8	Breakdown of line 7			
a		 		
<u></u> b	· · · · · · · · · · · · · · · · · · ·		-	
	Excess from 2013			
	Excess from 2014			
		 		
면	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015 Earlham College	35-0868073	Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, F Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any action (See instructions)	ines 1 and 2, Part IV, Sect Part V, Section B, line 1e, l	tion C.
Schedule A, Part II·		
The organization is a school as described under 170(b)(1)(A)(ii) and is		
not required to complete a public support schedule. Schedule A, Part		
II is completed to verify the School can qualify under public charity		
status section 170(b)(1)(A)(vi) and qualifies to use the first listed		
special rule for Schedule B reporting.		
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization Employer identification number Earlham College 35-0868073 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 **▶** \$ b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2015 Earlham Col	.lege					35-0868	073	Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, Historical Tı	reasures, c	or Othe	er Simil	ar Asse	ts(continu	Jed)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that	t are a s	ignificant	use of its	collection	items
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange progra	ıms				
b	Scholarly research	е	Other						
c	Preservation for future generations			•					
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or othe	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes	□ No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "	Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21		_					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other as:	sets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
	,						·	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodiał accoi	unt liabi	lity?		Yes	No
	If "Yes," explain the arrangement in Part XIII					-			
Pai									
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	405,520,255.	404,998,958,	353,121		<u>. </u>	08,592.		539,987.
ь	2 205 227 2 244 272 2 274 273 2 260 661								948,036.
С	7 422 220 15 060 216 71 002 261 44 202 570								499,137.
ď	16 001 400 16 002 616 21 006 600 10 705 542						1	832,847.	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	538,695.	598,274,	645	,255.	6	21.717.	,	645,721.
g	End of year balance	384,132,175.	405,520,255.				21,572.		508,592.
2	Provide the estimated percentage of the curr			·		•			
	Board designated or quasi-endowment	8,33	%	a)) 1101 G					
	Permanent endowment > 21.74	%	– ′°						
	Temporarily restricted endowment	69.93 %							
~	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posse	•	ation that are held s	and administer	red for t	he organi	zation		
-	by	SSIOTI OF LITE OF GATHER	ation that are ned t	ina danimiste		ne organiz	cation	<u></u>	Yes No
	(i) unrelated organizations							3a(ı)	Yes No
	(ii) related organizations							1 1	x
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule P2	,				32(/	x
4	Describe in Part XIII the intended uses of the							00	
	t VI Land, Buildings, and Equipm		Willett Idilds				•		
	Complete if the organization answered		Dart IV line 11a 9	See Form 990	Dart Y	line 10			
	Description of property	(a) Cost or o	7	or other		ccumulate	<u></u>	(d) Book	
	Description of property	basis (investi		(other)		oreciation		(u) book	value
1-	Lond	Daois (investin		2,744,236.	uel	J. COIAGOIT	- -		744,236.
	Land					40 834	544		
	Buildings	-	10/	7,565,454.		49,834,			730,910.
	Leasehold improvements			561 133		10 147	621		413 F02
	Equipment			099 592		18,147,	V21.		413,502.
	Other (Column of the second			.,099,592.			_		099,592.
rotal	. Add lines 1a through 1e (Column (d) must ed	quai Form 990, Part	x, column (B), line	iuc)				145,5	988,240.

Schedule D (Form 990) 2015 Earlham College			35-0868	073	Page 3
Part VII Investments - Other Securities.		·			
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-ye	ear market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		-			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11c See Form 990, Part X, lii	ne 13		
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-ye	ear market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		1			
(7)					
(8)					
(9)					
Total (Col (b) must equal Form 990, Part X, col. (B) line 13)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	n Form 990, Part IV, I	line 11d See Form 990, Part X, lii	ne 15		
	escription			(b) Book va	lue
(1) Interest in charıtable trusts			_	1,4	86,908.
(2) Due from related organization			· · · · · · · · · · · · · · · · · · ·		65,232
(3)					
(4)					
(5)					
(6)					
(7)			1		
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			201 9	52,140.
Part X Other Liabilities.	,				,
Complete if the organization answered "Yes" o	n Form 990 Part IV I	ine 11e or 11f. See Form 990. Pa	art X line 25		
(a) Description of liability	17101111000,1 411111,1	(b) Book value			
		(5,235), (2,25)			
(1) Federal income taxes (2) Deposits		1,065,538.			
		1,064,430.			
		2,561,669.			
(4) Annuities Payable (5) Advances for Student Loans		3,992 051.			
Car restauces for seaseif finalis		J J J J J J L I			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 10,754,076. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

2,070,388.

(6)

(7) (8) Fair Value of Swap Agreement

	edule D (Form 990) 2015 Earlham College				age 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			·	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b]		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a] '		
b	Other (Describe in Part XIII)	4b]		
С	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	1		
С	Other losses	2c	1		
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d	<u></u>	2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1.		
-	Add lines 4a and 4b		4c		
			5		
	rt XIII Supplemental Information.	•			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V lines 1h and 2h Part V line	4 Part	Y line 2 Part YI	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		7, 1 ait	. A, III 6 2, F art Ai,	
Part	V, line 4:				
Earl	ham's endowment funds are used to support the educational progr	ams of			
the	College.				
Part	X, Line 2.				
The	College is exempt from federal income taxes under Section 501(c)(3) of			
the	U.S. Internal Revenue Code and a similar provision of state law	. The			
Coll	ege is subject to federal income tax on any unrelated business	taxable			
inco	me. The College is not considered to be a private foundation. T	he			
					_
Coll	ege is no longer subject to U.S. federal, state and local or no	n-U.S.			
inco	me tax examinations by tax authorities for years before 2011.				

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·····	
,	
	<u> </u>
	35-0868073

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Earlham College 35-0868073

	YES	
	1 1 5 3	NO
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olarships? 2	х	-
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3	х	
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4a	- x	1
	x	
		1
	x	
4d	x	1
	İ	
5a	`	X
5b	1	х
5c	1	х
5d		Х
5e	1	х
5f		x
5q		х
5h	1	Х
	1	
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	X	1
6b	1	x
-	1	1
·		
7	x	1
	2 the likes 3 3 4a basis? 4b student 4c 4d 5c 5d 5c 5d 5e 5f 5g 5h 5c 6d 6d 6d 6d 6d 6d 6d 6d 6d 6d 6d 6d 6d	basis? student

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

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

Schedule E (Form 990 or 990-EZ) (2015) Earlham College	35-0868073	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b,	and 7, as applicable	
Also provide any other additional information		
Line 3 - Explanation of Nondiscrimination Policy:		
Earlham does not actively solicit students via newspaper or		
broadcast media. In its catalog and other general written		
communication available to the general public it publicizes		
its racially non-discriminatory policy. Being a Quaker		
institution, Earlham College has had a long history of	,., ,	
nondiscrimination. This fact is well known in the general community it		
serves.	····	
Line 6 - Explanation of Government Financial Aid:		
Earlham participates in the federal Title IV financial aid program for its		
students.		
	- · · · · · · · · · · · · · · · · · · ·	
		· · ·
	<u> </u>	
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· · · · · · · · · · · · · · · · · · ·		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

4b, 15, or 16. **2015**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Earlham College Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes [the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (e g, fundraising, program is a program service, for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region East Asia and the Pacific Program Services Study abroad program 285,575. Europe (Including Iceland & Greenland) Program Services Study abroad program 448,415. Middle East and North Africa 0 51,902. Program Services Study abroad program South America Program Services Study abroad program 97,716. South Asia Program Services Study abroad program 75,153. Sub-Saharan Africa Program Services Study abroad program 124,924. 0 1,083,685. 3 a Sub-total b Total from continuation sheets to Part I n 0. c Totals (add lines 3a

1,083,685.

Earlham College

Part II

35-0868073

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Schedule F (Form 990) 2015

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(I) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant cash disbursement (f) Manner of (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2015

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2015

Ear I ham College

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

Page 3

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2015
(g) Description of non-cash assistance						Sched
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
c) Number of recipients						_
ortional space is neede			1			
(a) Type of grant or assistance (b) Region						

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 separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Part II

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

2015	Open to Public

OMB No 1545-0047

Employer identification number

Inspection

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

	Earlham College	35-0868073	73
Part	Part I General Information on Grants and Assistance		
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ction	
crite	interia used to award the grants or assistance?	×	<u>2</u>
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
PartII	Part II 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	rt IV, line 21, for any	

Hold and unvest gifts (h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 3,385,328 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) Enter total number of other organizations listed in the line 1 table 35-6014491 (p) EIN 1 (a) Name and address of organization or government 801 National Road West Earlham Foundation Richmond, IN 47374

532101 10-28-15

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

Schedule I (Form 990) (2015)

Earlham College

Schedule I (Form 990) (2015)

532102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Earlham College

Part I Questions Regarding Compensation

Employer identification number 35-0868073

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Mousing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (e.g., maid, chauffeur, chef)			•
				٠.
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
				l
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract		•	
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	ļ	х
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			1
	• · · · · · · · · · · · · · · · · · · ·			i
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			Ì
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			لـــــا
	The organization?	5a		X
D	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	-		l
	The organization?	6a		<u>x</u>
D	Any related organization?	6b		^
7	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	- 8		 ,
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			
	TEQUIATION 3 SECTION 33 4330 OLD (J		

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

Schedule J (Form 990) 2015

35-0868073

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	lble	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	in column (B) reported as deferred on prior Form 990
(1) John David Dawson	Ξ	311,119.	0.	0	34,070.	67,359.	412,548.	0
President	Ξ	0	0	0.	0	0	0	0.
(2) Gregory Mahler	Ξ	172,855.	0	0.	18,597.	22,174.	213,626.	0
VP of Academic Affairs	(ii)	0.	0	0	0	0	0.	0.
(3) Sena Landey	Ξ	172,630.	0	0	18,571.	19,699.	210,900.	0
VP of Finance & Admin.	Ξ	0	0	0	0	0.	0.	0.
(4) Laura Hutchinson	Ξ	129,473.	0	0.	13,825.	20,487.	163,785.	0
VP Student Dev & Dean	(ii)	0	0	0.	0	0.	0	0.
(5) Avis Stewart	Ξ	168,847.	0	3,300.	17,656.	9,884.	199,687.	0.
VP Community Relations	(ii)	0.	0	0	0	0.	0	0
(6) Jay Marshall	Ξ	144,054.	0	0	15,481.	19,162.	178,697.	0.
VP & Dean of ESR	(ii)	0.	0	0	0	0.	0	0
(7) Jonathan Stroud	Ξ	183,729.	0	2,200.	19,089.	10,150.	215,168.	0
VP for Enrollment & Comm.	(ii)	0.	0	0	0	0.	0	0
(8) Phillip Morgan	(i)	129,536.	0	0	14,224.	17,156.	160,916.	0
Chief Investment Officer	(III)	0.	0	0	0	0	0	0.
(9) Monteze Snyder	(1)	282,045.	0	0	9,584.	9,553.	301,182.	0
Prof. of Business	(II)	0	0	0	0	0	0	0.
	Ξ							
	(II)							
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532112 10-14-15							Schedu	Schedule J (Form 990) 2015

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Open to Public 2015

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Information about Schedule K (Form 990) and its instructions is at www is gov/form990 Attach to Form 990.

Inspection

OMB No 1545-0047

(g) Defeased (h) On behalf (i) Pooled Yes No financing Employer identification number × × × ŝ ŝ ŝ of issuer × × × Ω Yes 35-0868073 Yes Yes ŝ × × × 14,000,000 10,113,854 280,923 196,504 3,408,716 Yes × × ŝ ŝ 2016 200 onstruction/Renovation/E Construction/Renovation/E pansion/Refunding of 199 xpansion/Refunding of 199 ပ (f) Description of purpose Projects/Refunding of Yes Yes × × × nergy Savings 4 984 109 62,891,620 4,443,023, 11,852,255 292,500 237,661 066,181 × × ŝ ŝ 2014 46 Θ .000,000 15,661,682 62,764,109 Yes Yes × × × (e) Issue price 692 109,010. 44, 975, 14, 2,448,000 16,138,056 13,536,071 ŝ × ŝ × 2010 4,771 (d) Date issued ⋖ 04/20/15 Yes 06/28/07 01/30/13 Yes × × See Part VI for Column (f) Continuations (c) CUSIP # 454795CTO 45506DEP6 Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of None Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? 15-1611409 Were the bonds issued as part of a current refunding issue? 35-1602316 35-1602316 which owned property financed by tax-exempt bonds? 16 Has the final allocation of proceeds been made? Working capital expenditures from proceeds Earlham College IN Health & Educational Facility Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds B Indiana Finance Authority C Indiana Finance Authority Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III Private Business Use (a) Issuer name bond-financed property? Other unspent proceeds Amount of bonds retired A Financing Authority Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Part II Part 9 5 N က 4 S 9 œ O Ξ 42 4 1 ۵ 5

532121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule K (Form 990) 2015

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		532122						13	1 (Eq.	2000 2045

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open To Public

OMB No. 1545-0047

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number 35-0868073 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (b) Relationship (a) Name of (c) Purpose (e) Original (ı) Written (f) Balance due (g) In by board or committee? interested person with organization of loan principal amount default? agreement? organization? From To Yes Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of assistance interested person and assistance assistance the organization 31,000 Tuition Assis Oualified Tui

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

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

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

Earlham College

Employer identification number 35-0868073

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1	noncash contribi	ution a	mouni	is
1	Art - Works of art							
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	26	1,641,688	.Stock listing			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or			····· - ,, , ,				
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -		<u>.</u>					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate - Other	х	3	2,891,110	.Appraisals			
18	Collectibles			, ,	 			
19	Food inventory							
20	Drugs and medical supplies		*-*	- ··· · · · · · · · · · · · · · · · · ·				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts)				
25	Other ()		·					
26	Other ()							
27	Other (
28	Other ()							•
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions	•			
	for which the organization completed Form 828			l I				
			`	, <u></u>			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date				•			1
	exempt purposes for the entire holding period?	•		,		30a		x
ь	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-standard contri	outions?	31	×	
	Does the organization hire or use third parties of	•		•				
	contributions?			.,		32a	x	
b	If "Yes," describe in Part II							
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is o	hecked,			
	describe in Part II	\- / ·	\$1 - E - F	(-7.5	,			

Schedule M (Form 990) (2015) Earlham College	35-0868073	Pag
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, as is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information	nd 33, and whether the orga a combination of both Also o	nization
	···········	
Schedule M, Part I, Column (b):		
The number of contributors represents the number of contributions		
received.		
		
chedule M, Line 32b		
he Purdue Foundation and Schrader Auctions were used to process the		
real estate donations.		
		•
		
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	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

Open to Public

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

Inspection

OMB No 1545-0047

Earlham College	35-0868073
Amended Return:	
The Form 990 is amended to properly report the investment assets held	
by Earlham Foundation, a related organization, for Earlham College.	
The following lines were updated	
- Page 1 Header	
- Page 1, Item G, Principal officer	
- Part II, Signor	-
- Part III, Line 4a	
- Part IV, Lines 11b and 11d	
- Part VI, Line 20 Person who possesses books	
- Part VIII, Line 1d	
- Part VIII, Line 3	
- Part VIII, Lines 7a, 7b, 7c	
- Part IX, Line 1	
- Part IX, Line 11f	
- Part X, Line 2	
- Part X, Line 11	
- Part X, Line 12	
- Part X, Line 15	
- Part XI, Line 5	
- Schedule A, Part II, Line 1, column (e)	
- Schedule A, Part II, Line 8, column (e)	
- Schedule A, Part II, Line 12	
- Schedule B	
- Schedule D, Part V, Lines 1 and 2	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Earlham College	Employer identification number 35-0868073
- Schedule D, Part VII	
- Schedule D, Part IX	
- Schedule F, Part I	
- Schedule F, Part IV, Line 5	
- Schedule I, Part II, column (d)	
Form 990, Part III, Line 1, Description of Organization Mission:	
The College provides extensive opportunities for students and faculty	
to learn from each other in a cooperative community, an important	
aspect of which is collaborative student/faculty research. At Earlham,	
College education is carried on with a concern for the world in which	
we live and for improving human society. Therefore, Earlham stresses	
global education, peaceful resolution of conflict, equality of persons,	
and high moral standards of personal conduct.	
Form 990, Part V, Line 4b, List of Foreign Countries:	
United Kingdom, Germany, Austria, Japan,	
Ireland, France, Spain, New Zealand	
Form 990, Part VI, Section A, line 1.	
The Executive Committee has and may exercise all of the authority of the	
Board of Trustees in the management of the Corporation's affairs during	
intervals between the meetings of the Board of Trustees, provided that the	
any official action taken by the Executive Committee on behalf of Earlham	
or the Board (a) is consistent with existing Board policies or prior	
delegations of authority to it, (b) is undertaken after notice to all	
trustees with no trustee objecting, or (c) is reasonably required in the	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization Earlham College	Employer identification number 35-0868073
judgment of the Board Chair and President to protect the best interests of	
Earlham from prejudice. The Executive Committee shall be subject to the	
authority and supervision of the Board of Trustees. The Chair of the Board	
shall serve as the chair of the Executive Committee. The members of the	
Executive Committee shall also include the Vice Chair, Secretary,	······································
President, and the chairs of the Board's Standing Committees except the	
Investment Committee. The Chair may invite other trustees, officers of	
Earlham, or advisors to the Board or Earlham to participate in any meeting	
of the Executive Committee.	
Form 990, Part VI, Section A, line 7a	
Western Yearly Meeting of Friends appoints six trustees to the Earlham	
Board. The Earlham Alumni Association elects four trustees. Seven trustees	
are nominated by the Earlham Board of Trustees and approved by Western	
Yearly Meeting. Additionally, six trustees are nominated and appointed .	
solely by the Earlham Board and the President serves ex officio.	
	
Form 990, Part VI, Section B, line 11:	
The Form 990 is prepared by an independent CPA firm. The Assistant	
Controller, Controller and VP of Finance and Administration perform a	
detailed review. Then, a copy of the Form 990 is provided to each member	
of the full governing body prior to its filing.	· · · ·
Form 990, Part VI, Section B, Line 12c	
Earlham's conflict of interest policy requires that officers, trustees, and	
key employees disclose any situations that may result in a conflict of	
interest or the appearance of a conflict of interest. Questionnaires must	
be completed annually but updated sooner if a person's situation changes.	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Earlham College	Employer identification number 35-0868073
Disclosures are summarized and reviewed by the Audit Committee o	f the
Board. If a trustee has a conflict, they will not participate in	the
decision-making process.	
Form 990, Part VI, Section B, Line 15:	
15a - The President's compensation is reviewed and determined an	nually by a
Committee consisting of the current and immediate past Chair of	the Board
of Trustees. The Committee considers compensation data from other	r schools
from the Great Lakes Colleges Association salary comparisons whi	le
undertaking their review and documents the decision in the commi	ttee
minutes.	
	-
15b - The President reviews and determines annually the compensation	tion of
Vice Presidents and Deans, taking into consideration comparability	ty data and
the approved budget for compensation increases, if any. This pro-	ocess is
documented.	
· · · · · · · · · · · · · · · · · · ·	
Form 990, Part VI, Section C, Line 19.	
The organization's governing documents, conflict of interest pol-	icy, and
financial statements are available to the public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets	
Change in split interest agreements	42,325.
Change in value of interest rate swap	-1,962,062.
Total to Form 990, Part XI, Line 9	-1,919,737.
Form 990, Part XII, Line 2c	
The organization's audit committee assumes responsibility for over	ersight
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization Earlham College	Employer identification number 35-0868073
of the audit of its financial statements and selection of its	1
independent accountant. This process has not changed since the prior	
year,	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Earlham College

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Públic Inspection 2015

OMB No 1545-0047

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

Employer identification number 35-0868073

Schedule R (Form 990) 2015 (g) Section 512(b)(13) controlled entry? ŝ × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling Earlham College entity End-of-year assets status (if section 501(c)(3)) (e) Public charity Line 11a, I Total income Exempt Code ਉ section 501(c)(3) ਉ Legal domicile (state or Part 1 I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) <u>ပ</u> Indiana Supporting organization Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization Earlham Foundation - 35-6014491 of disregarded entity 801 National Road West Richmond, IN 47374 Part II

35-0868073

Schedule R (Form 990) 2015 Earlham College

Page 2 Partili Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Primary activity demand activi	(a)	(q)	(c)	(p)	(e)	(t)	(6)	(H)		()	(k)
Sections 512-514) Yes No K-1 (Form 1065)	Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	gullo	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		Code V UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
			country)		sections 512-514)			å	K-1 (Form 1065)	Yes	
			-								
										-	
			·								
	Organizations treated as a corporation or trust during the tax	rboration of trust durin		vear							

organizations freated as a corporation or trust during the tax year

	مستق ساء تصر المساق								
(a)	(q)	(၁)	(p)	(e)	(4)	(6)	(F)	Θ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Legal domicile Direct controlling (C	Type of entity Corp, Scorp	Share of total income	Share of end-of-year	g ₫	5 12(b)(13) controlled	(13) (13)
		country)		or trust)		assets		(es	2
	T								
Charitable Remainder Trusts (5)	Trust	N I	N/A	TRUST					×
								<u> </u>	
	Γ-								
									
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	1								
								i	

Schedule R (Form 990) 2015

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	I in Parts II:IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	`	•		1a ×
 b Gift, grant, or capital contribution to related organization(s) 				1b x
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				Te X
f Dividends from related organization(s)				1f ×
g Sale of assets to related organization(s)				19 ×
			,	th ×
i Exchange of assets with related organization(s)				1ı x
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				* x
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			æt x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1n X
 Sharing of paid employees with related organization(s) 				X v
p Reimbursement paid to related organization(s) for expenses				x qt
				т х
				×
 Cutter transfer of cash or property from related organization(s) S Other transfer of cash or property from related organization(s)				1 x
for	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) Earlham Foundation	ິນ	0		
(2) Earlham Foundation	N	0		
(3) Earlham Foundation	0	0		
(4) Earlham Foundation	Ωı	0		
(5)				
(6)				
532163 09-08-15			Schedu	Schedule R (Form 990) 2015

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 (a) Name, address, and EIN Primary activity (statement of entity) (statement of entity)

Schedule R	(Form 990) 2015	Earlham College	35-0868073	Page 5
Part VII	(Form 990) 2015 Supplemental Info	ormation		
	Provide additional infori	mation for responses to questions on Schedule R (see instructions)		
	T TO TICE LIGHT INTO I	nation for responses to questions on concedic in (see instructions)	· · · · · · · · · · · · · · · · · · ·	
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