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## Delinquent International Information

## Return Submission Procedures

1606

Form 990

Department of the Treasury  
Internal Revenue Service

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## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB NR. 1545-0047

2015

Open to Public  
Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable	C Name of organization  AGNES SCOTT COLLEGE		D Employer identification number  58-0566116
<input type="checkbox"/> Address change	Doing business as		E Telephone number  (404) 471-6308
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 141 EAST COLLEGE AVENUE		F Gross receipts \$ 91,403,950.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code DECATUR, GA 30030		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: ELIZABETH KISS 141 EAST COLLEGE AVENUE, DECATUR, GA 30030		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)
J Website: ► <a href="http://WWW.AGNESSCOTT.EDU">WWW.AGNESSCOTT.EDU</a>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 1889 M State of legal domicile: GA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATING WOMEN TO THINK DEEPLY, LIVE HONORABLY & ENGAGE THE CHALLENGES OF THEIR TIMES.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)			
	4 Number of independent voting members of the governing body (Part VI, line 1b)			
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)			
	6 Total number of volunteers (estimate if necessary)			
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	3	33	
	9 Program service revenue (Part VIII, line 2g)	4	33	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	961	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	921	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7a	582,479.	
		7b	-977,021.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		14 Benefits paid to or for members (Part IX, column (A), line 4)	11,744,521.	7,349,831.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,976,380.	42,577,607.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	11,194,781.	8,740,649.
		b Total fundraising expenses (Part IX, column (D), line 25) ► 2,416,050.	302,879.	140,304.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,218,561.	58,808,391.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		18,645,037.	20,640,974.	
19 Revenue less expenses Subtract line 18 from line 12		0.	0.	
		23,077,383.	25,613,744.	
		0.	0.	
		28,999,806.	29,103,282.	
		70,722,226.	75,358,000.	
	-8,503,665.	-16,549,609.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	399,192,260.	357,791,553.	
	22 Net assets or fund balances Subtract line 21 from line 20	82,041,547.	85,163,614.	
		317,150,713.	272,627,939.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN P. HEGMAN, VP FOR BUSINESS & FINANCE	Date			
	Type or print name and title				
Paid Preparer	Print/Type preparer's name CARLYE W. DOOLEY	Preparer's signature CARLYE W. DOOLEY	Date 05/08/17	Check if self-employed	PTIN P00292964
	Firm's name ► WINDHAM BRANNON, P.C.		Firm's EIN ► 58-1763439		
Use Only	Firm's address ► 3630 PEACHTREE RD., NE, SUITE 600 ATLANTA, GA 30326		Phone no. 404-898-2000		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

657 C

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

FOUNDED IN 1889, AGNES SCOTT COLLEGE IS AN INDEPENDENT LIBERAL ARTS COLLEGE FOR WOMEN WHOSE MISSION IS TO EDUCATE WOMEN TO THINK DEEPLY, LIVE HONORABLY AND ENGAGE THE INTELLECTUAL AND SOCIAL CHALLENGES OF THEIR TIMES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  No

If "Yes," describe these changes on Schedule O

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

4a (Code \_\_\_\_\_) (Expenses \$ 20,552,799. including grants of \$ 20,552,799. ) (Revenue \$ 0. )  
STUDENT AID ENCOMPASSES DIRECT FINANCIAL AID PROVIDED BY THE COLLEGE TO  
FACILITATE ITS STUDENTS' PURSUIT OF A COLLEGE EDUCATION.

4b (Code \_\_\_\_\_) (Expenses \$ 16,574,235. including grants of \$ 0. ) (Revenue \$ 31,887,177. )  
INSTRUCTION IS PROVIDED BY FULL-TIME FACULTY AND PART-TIME FACULTY  
MEMBERS REPRESENTING NUMEROUS ACADEMIC DEPARTMENTS.

4c (Code \_\_\_\_\_) (Expenses \$ 7,848,907. including grants of \$ 0. ) (Revenue \$ 0. )  
ACADEMIC SUPPORT COMPRISSES INFORMATION TECHNOLOGY SERVICES, REGISTRAR,  
ACADEMIC ADVISING, FACULTY SERVICES, LIBRARY, ETC. THESE ADMINISTRATIVE  
OFFICES ASSIST THE COLLEGE IN ITS EDUCATIONAL MISSION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 8,653,251. including grants of \$ 88,175. ) (Revenue \$ 10,107,951. )

4e Total program service expenses ► 53,629,192.

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> ?	2 X	
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 X	
4	<b>Section 501(c)(3) organizations.</b> 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 X	
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
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 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 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 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
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 X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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 X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
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 X	
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 X	
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 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	

## Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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

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  
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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  
 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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 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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

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

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
 If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  
 Note. All Form 990 filers are required to complete Schedule O

	Yes	No
20a		x
20b		
21	x	
22	x	
23	x	
24a	x	
24b	x	
24c	x	
24d	x	
25a	x	
25b	x	
26	x	
27	x	
28a	x	
28b	x	
28c	x	
29	x	
30	x	
31	x	
32	x	
33	x	
34	x	
35a	x	
35b		
36	x	
37	x	
38	x	

Form 990 (2015)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	156		
1b	0		
1c	X		
2a	961		
2b	X		
3a	X		
3b	X		
4a		X	
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? *Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)*

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country: *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).*

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c)**

7a 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?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

9a Did the sponsoring organization make any taxable distributions under section 4966?

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a Is the organization licensed to issue qualified health plans in more than one state? *Note. See the instructions for additional information the organization must report on Schedule O.*

13b 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

13c Enter the amount of reserves on hand

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

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**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 **Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	33	
1b	33	
2		x
3	x	
4	x	
5	x	
6	x	
7a	x	
7b	x	
8a	x	
8b	x	
9	x	

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

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?

	Yes	No
10a	x	
10b		
11a	x	
12a	x	
12b	x	
12c	x	
13	x	
14	x	
15a	x	
15b	x	
16a		x
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► GA, NY, CA

18 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  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

LAI CHAN, CONTROLLER - (404) 471-6308

141 EAST COLLEGE AVENUE, DECATUR, GA 30030

**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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) STACEY Y. ABRAMS TRUSTEE	2.00	X					0.	0.	0.
(2) RONALD E. ALSTON TRUSTEE	2.00	X					0.	0.	0.
(3) MARY GAY BANKSTON TRUSTEE	2.00	X					0.	0.	0.
(4) FRANCIS S. BLAKE TRUSTEE	2.00	X					0.	0.	0.
(5) MARY BROWN BULLOCK TRUSTEE	2.00	X					0.	0.	0.
(6) DEBORAH HARRIS BUTLER TRUSTEE	2.00	X					0.	0.	0.
(7) WESLEY A. FRENCH TRUSTEE	2.00	X					0.	0.	0.
(8) E. ANN GLENDINNING TRUSTEE	2.00	X					0.	0.	0.
(9) GAIL SAVAGE GLOVER TRUSTEE	2.00	X					0.	0.	0.
(10) SARAH WALKER GUTHRIE TRUSTEE	2.00	X					0.	0.	0.
(11) MARY LOU CORNWALL HAWKES TRUSTEE	2.00	X					0.	0.	0.
(12) LOUCY TITTLE HAY TRUSTEE	2.00	X					0.	0.	0.
(13) SUSAN STEVENS HITCHCOCK TRUSTEE	2.00	X					0.	0.	0.
(14) ELIZABETH DANIEL HOLDER TRUSTEE	2.00	X					0.	0.	0.
(15) ELIZABETH RHETT JONES TRUSTEE	2.00	X					0.	0.	0.
(16) MELODY C. JUSTICE TRUSTEE	2.00	X					0.	0.	0.
(17) PHYLLIS E. KOZARSKY TRUSTEE	2.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) DENNIS P. LOCKHART TRUSTEE	2.00		X				0.	0.	0.
(19) MARGARET D. MCCRAY-FINKE TRUSTEE	2.00		X				0.	0.	0.
(20) PORTIA OWEN MORRISON VICE CHAIRPERSON	2.00		X				0.	0.	0.
(21) ELIZABETH HARDY NOE TRUSTEE	2.00		X				0.	0.	0.
(22) JESSICA H. OWENS TRUSTEE	2.00		X				0.	0.	0.
(23) SUSAN M. PHILLIPS TRUSTEE	2.00		X				0.	0.	0.
(24) JAKE B. SCHRUM TRUSTEE	2.00		X				0.	0.	0.
(25) CHARLES S. SHAPIRO TRUSTEE	2.00		X				0.	0.	0.
(26) ELIZABETH MCGREGOR SIMMONS TRUSTEE	2.00		X				0.	0.	0.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							1,898,811.	0.	340,120.
<b>d Total (add lines 1b and 1c)</b>							1,898,811.	0.	340,120.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICES, INC. EVANS DINING HALL 141 E. COLLEGE AVE, DECATUR, GA 30030	FOOD SERVICE	2,639,312.
HOLDER CONSTRUCTION GROUP, LLC, 3333		
RIVERWOOD PARKWAY, SUITE 400, ATLANTA, GA	BUILDING CONSTRUCTION	1,189,924.
PADGETT SERVICES, LLC 140 MOUNTAIN BROOK DR., CANTON, GA 30115	HVAC & MECHANICAL	606,221.
GAY CONSTRUCTION C OMpany 2907 LOG CABIN DRIVE, ATLANTA, GA 30339	BUILDING CONSTRUCTION	585,839.
RICHARD HARRISON BAILEY, INC, 233 MCCREAQ STREET, SUITE 800, INDIANAPOLIS, IN 46225	CONSULTANT	438,957.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) BERNIE TODD SMITH TRUSTEE	2.00	X					0.	0.	0.
(28) JOHN SWALLOW TRUSTEE	2.00	X					0.	0.	0.
(29) BERNARD TAYLOR SR. TRUSTEE	2.00	X					0.	0.	0.
(30) CLYDE C. TUGGLE CHAIRPERSON	2.00	X	X				0.	0.	0.
(31) TAWANA LEE WARE TRUSTEE	2.00	X					0.	0.	0.
(32) DAVID D. WEITNAUER TRUSTEE	2.00	X					0.	0.	0.
(33) ELIZABETH KISS COLLEGE PRESIDENT & TRUSTEE	40.00	X	X				283,488.	0.	51,700.
(34) JOHN P. HEGMAN VP FOR BUSINESS & FINANCE	40.00		X				182,750.	0.	43,620.
(35) DONNA A. LEE VP FOR STUDENT LIFE, DEAN OF STUDENT	40.00		X				79,561.	0.	30,409.
(36) LAURA MARTIN VP FOR ENROLLMENT, DEAN OF ADMISSION	40.00		X				157,375.	0.	33,825.
(37) KERRY PANELL VP FOR ACAD AFFAIRS & DOC	40.00		X				153,500.	0.	34,373.
(38) ROBIAUN CHARLES VP FOR COLLEGE ADVANCEMENT	40.00		X				67,844.	0.	7,865.
(39) KIJUA SANDERS-MCMURTY INTERIM VP FOR STUDENT LIFE	40.00		X				120,000.	0.	18,772.
(40) ELIZABETH WILSON INTERIM VP FOR COLLEGE ADVANCEMENT	40.00		X				130,452.	0.	19,275.
(41) LEA ANN HUDSON SECRETARY, DIRECTOR OF OFFICE OF PRE	40.00		X				97,000.	0.	16,839.
(42) CHRISTOPHER DEPREE PROFESSOR	40.00			X			136,474.	0.	20,636.
(43) PATRICIA SZYMURSKI TEMPORARY FACULTY	40.00			X			130,650.	0.	16,055.
(44) LILIA HARVEY ASSOCIATE VP AA/ADOC	40.00			X			120,625.	0.	13,897.
(45) THOMAS WILL ASSOCIATE PROFESSOR	40.00			X			122,967.	0.	20,151.
(46) RAFAEL OCASIO PROFESSOR	40.00			X			116,125.	0.	12,703.
<u>Total to Part VII, Section A, line 1c</u>							1,898,811.		340,120.

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 1f 7,349,831. 742,315. 7,349,831.			
Program Service Revenue	2 a TUITION & FEE INCOME b AUXILIARY ENTERPRISES c STUDENT HEALTH INSURAN d RESEARCH GRANTS/COLLEG e VENDING & PARKING f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 611600 611710 611710 611710 611710 611710 42,577,607.	31,887,177. 9,705,790. 678,471. 238,709. 48,680. 18,780.	31,887,177. 9,123,311. 678,471. 238,709. 48,680. 18,780.	582,479.
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ►	(i) Real 443,932. 303,628. 140,304.  (i) Securities 36,923,472. 32,002,472. 4,921,000.  a b  a b  a b  Miscellaneous Revenue Business Code	2,968,998. 140,304.  140,110. 289,459. 850,651.  5,771,651.		140,304. 5,771,651.  5,771,651.

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	88,175.	88,175.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,552,799.	20,552,799.		
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, trustees, and key employees	1,407,756.	613,735.	560,057.	233,964.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,147,407.	14,228,882.	3,649,277.	1,269,248.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	849,949.	637,713.	163,089.	49,147.
9 Other employee benefits	2,769,064.	1,668,153.	910,549.	190,362.
10 Payroll taxes	1,439,568.	1,056,725.	284,242.	98,601.
11 Fees for services (non-employees).				
a Management				
b Legal	121,947.		121,947.	
c Accounting	163,880.		163,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,220,515.		2,220,515.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,062,696.	1,607,282.	3,277,720.	177,694.
12 Advertising and promotion				
13 Office expenses	6,674,792.	4,246,730.	2,288,989.	139,073.
14 Information technology	906,655.	869,795.	22,121.	14,739.
15 Royalties				
16 Occupancy	307,197.	229,464.	52,533.	25,200.
17 Travel	1,043,794.	876,987.	78,640.	88,167.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,289,419.	1,261,543.	1,027,876.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,027,469.	2,664,518.	2,362,951.	
23 Insurance	547,281.		547,281.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FACILITY OPERATION & MA	3,820,158.	2,499,775.	1,320,383.	
b MEALS & ENTERTAINMENT	620,493.	263,357.	228,328.	128,808.
c EQUIPMENT EXPENSES	186,447.	185,400.	0.	1,047.
d RETIREES' COSTS	110,375.	77,995.	32,380.	
e All other expenses	164.	164.		
25 Total functional expenses. Add lines 1 through 24e	75,358,000.	53,629,192.	19,312,758.	2,416,050.
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)

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,529,362.	1	16,612,653.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,954,257.	3	2,483,208.
	4 Accounts receivable, net	318,012.	4	316,352.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	371,953.	9	338,460.
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	185,245,335.		
	b Less: accumulated depreciation	80,118,637.	10c	105,126,698.
	11 Investments - publicly traded securities	79,730,614.	11	74,837,682.
	12 Investments - other securities See Part IV, line 11	185,929,747.	12	152,289,452.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,731,771.	15	5,787,048.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	399,192,260.	16	357,791,553.
Liabilities	17 Accounts payable and accrued expenses	5,800,159.	17	7,202,401.
	18 Grants payable		18	
	19 Deferred revenue	1,016,185.	19	1,090,022.
	20 Tax-exempt bond liabilities	62,919,627.	20	60,921,435.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	996,664.	23	938,281.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,308,912.	25	15,011,475.
	26 Total liabilities. Add lines 17 through 25	82,041,547.	26	85,163,614.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	58,963,773.	27	52,527,946.
	28 Temporarily restricted net assets	178,285,644.	28	140,088,181.
	29 Permanently restricted net assets	79,901,296.	29	80,011,812.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	317,150,713.	33	272,627,939.
	34 Total liabilities and net assets/fund balances	399,192,260.	34	357,791,553.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	58,808,391.
2 Total expenses (must equal Part IX, column (A), line 25)	2	75,358,000.
3 Revenue less expenses Subtract line 2 from line 1	3	-16,549,609.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,150,713.
5 Net unrealized gains (losses) on investments	5	-23,235,184.
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	-4,737,981.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	272,627,939.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2015)

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

## Public Charity Status and Public Support

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2015

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

58-0566116

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f  Enter the name of the organization \_\_\_\_\_  
g  Enter the name of the organization \_\_\_\_\_  
h  Enter the name of the organization \_\_\_\_\_  
i  Enter the name of the organization \_\_\_\_\_  
j  Enter the name of the organization \_\_\_\_\_  
k  Enter the name of the organization \_\_\_\_\_  
l  Enter the name of the organization \_\_\_\_\_  
m  Enter the name of the organization \_\_\_\_\_  
n  Enter the name of the organization \_\_\_\_\_  
o  Enter the name of the organization \_\_\_\_\_  
p  Enter the name of the organization \_\_\_\_\_  
q  Enter the name of the organization \_\_\_\_\_  
r  Enter the name of the organization \_\_\_\_\_  
s  Enter the name of the organization \_\_\_\_\_  
t  Enter the name of the organization \_\_\_\_\_  
u  Enter the name of the organization \_\_\_\_\_  
v  Enter the name of the organization \_\_\_\_\_  
w  Enter the name of the organization \_\_\_\_\_  
x  Enter the name of the organization \_\_\_\_\_  
y  Enter the name of the organization \_\_\_\_\_  
z  Enter the name of the organization \_\_\_\_\_

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Total

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15**

**Schedule A (Form 990 or 990-EZ) 2015**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,766,003.	6,466,087.	14,657,044.	11,744,521.	7,349,831.	46,983,486.
2 Tax revenues levied for the organization'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	6,766,003.	6,466,087.	14,657,044.	11,744,521.	7,349,831.	46,983,486.
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)						5,855,175.
6 Public support. Subtract line 5 from line 4						41,128,311.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	6,766,003.	6,466,087.	14,657,044.	11,744,521.	7,349,831.	46,983,486.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,740,600.	4,709,091.	4,842,451.	4,823,560.	3,412,930.	21,028,562.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	56,970.					56,970.
11 Total support. Add lines 7 through 10						68,069,018.
12 Gross receipts from related activities, etc. (see instructions)					12	192,233,333.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	60.42	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.

7 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)

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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.

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.

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

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- A family member of a person described in (a) above?
- 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.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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)

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?

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)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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

	Yes	No
2a		
2b		
3a		
3b		

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

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

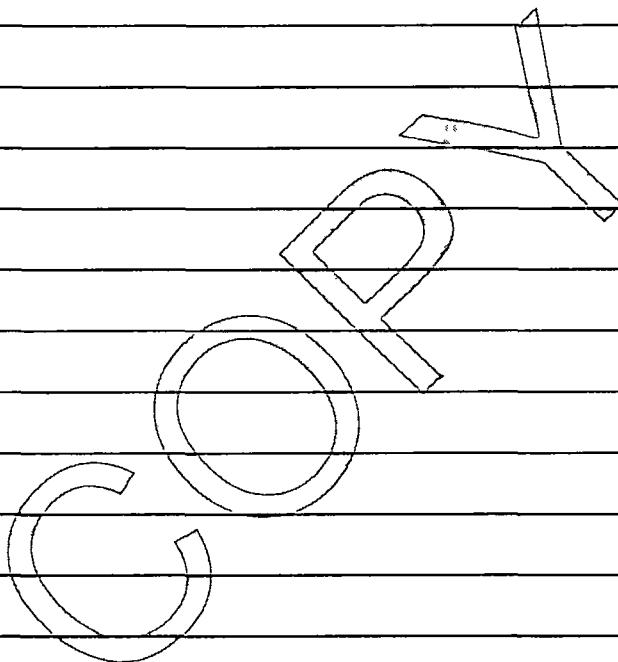
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

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

**Part VI**

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



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
InspectionName of the organization  
AGNES SCOTT COLLEGE  
Employer identification number  
58-0566116**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<input type="checkbox"/> Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
532051  
11-02-15

Schedule D (Form 990) 2015

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	261,455,879.	272,331,405.	251,001,216.	240,857,513.	259,283,516.
b Contributions	1,420,617.	1,398,256.	2,358,576.	1,441,400.	2,647,946.
c Net investment earnings, gains, and losses	-17,697,344.	8,192,948.	36,189,929.	29,017,058.	-3,247,659.
d Grants or scholarships	2,949,646.	2,345,543.	2,354,044.	2,346,424.	17,826,290.
e Other expenditures for facilities and programs	19,135,692.	18,121,186.	14,864,272.	17,968,331.	
f Administrative expenses					
g End of year balance	223,093,814.	261,455,879.	272,331,405.	251,001,216.	240,857,513.

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

a Board designated or quasi-endowment  8.00 %  
 b Permanent endowment  59.32 %  
 c Temporarily restricted endowment  32.68 %

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

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

by  
 (i) unrelated organizations  
 (ii) related organizations

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,682,989.		1,682,989.
b Buildings		160,256,894.	64,733,639.	95,523,255.
c Leasehold improvements		9,528,835.	7,826,106.	1,702,729.
d Equipment		12,335,663.	7,558,892.	4,776,771.
e Other		1,440,954.		1,440,954.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ► 105,126,698.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	8,021,329.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) COMMINGLED FUNDS	26,402,582.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE PARTNERSHIPS	17,193,117.	END-OF-YEAR MARKET VALUE
(C) POOLED EQUITY FUNDS	78,215,698.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY PARTNERSHIPS	22,456,726.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	152,289,452.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT	15,011,475.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	15,011,475.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements	1	12,918,779.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains (losses) on investments	2a	-23,235,184.
b	Donated services and use of facilities	2b	6,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	112,886.
e	Add lines 2a through 2d	2e	-23,116,298.
3	Subtract line 2e from line 1	3	36,035,077.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,220,515.
b	Other (Describe in Part XIII)	4b	20,552,799.
c	Add lines 4a and 4b	4c	22,773,314.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	58,808,391.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements	1	53,833,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,242,669.
e	Add lines 2a through 2d	2e	1,248,669.
3	Subtract line 2e from line 1	3	52,584,686.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,220,515.
b	Other (Describe in Part XIII)	4b	20,552,799.
c	Add lines 4a and 4b	4c	22,773,314.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	75,358,000.

**Part XIII Supplemental Information.**

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

PART III, LINE 1A:

PER THE AUDITED FINANCIAL STATEMENTS, "CONTRIBUTED COLLECTION ITEMS ARE

NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM THE DEACCESSIONS

OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET

ASSET CLASSES. DONATIONS OF ARTWORK ARE ACCEPTED WITH CONSIDERATION TO

HOW THEY WILL BENEFIT THE CAMPUS LEARNING ENVIRONMENT. THE COLLECTION

ITEMS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO

BE USED FOR THE ACQUISITION OF NEW COLLECTION ITEM(S). DURING THE FISCAL

YEARS ENDING JUNE 30, 2016 AND JUNE 30, 2015, NO SALES OF COLLECTION ITEMS

OCCURED AND NO COLLECTION ITEMS WERE GIVEN AWAY, DAMAGED, DESTROYED, LOST

OR OTHERWISE DEACCESSIONED."

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

PART III, LINE 4.

THE AGNES SCOTT COLLEGE PERMANENT COLLECTION IS A LIVING, ECLECTIC

GATHERING OF ARTWORK THAT ENCOMPASSES A BROAD RANGE OF HISTORY, MEDIA AND

ATTITUDES. COMPLEMENTING THE PERMANENT COLLECTION IS THE DYNAMIC

PROGRAMMING OF THE DALTON GALLERY, WHICH ORGANIZES TEMPORARY EXHIBITIONS

DESIGNED TO PROMOTE AN UNDERSTANDING OF THE ARTS. IT IS LOCATED AT THE

HEART OF THE DANA FINE ARTS BUILDING, A STRUCTURE BUILT IN 1965 AND

DESIGNED BY JOHN PORTMAN, WHICH HOUSES THE ART HISTORY AND STUDIO ART

DEPARTMENT. IT ALSO HOUSES THE THEATRE DEPARTMENT.

IN SUPPORT OF THE MISSION OF THE COLLEGE, THE FOCUS OF NEW ACQUISITIONS IS

LARGELY BUT NOT EXCLUSIVELY WORKS BY WOMEN ARTISTS ON PAPER. ARTWORK IS

SELECTED AND DONATIONS ACCEPTED WITH CONSIDERATION TO HOW THEY WILL

BENEFIT THE CAMPUS LEARNING ENVIRONMENT. THE COLLECTION IS ACTIVELY USED

WITHIN THE ARTS CURRICULUM AND ACROSS DISCIPLINES. THE ART DEPARTMENT

OFFERS THREE UNDERGRADUATE MAJORS, INCLUDING STUDIO ART AND ART HISTORY,

TO STUDENTS.

IN ADDITION, STUDENTS WRITE VISUAL ANALYSES OF WORKS AND FIVE TOURS TO THE

PUBLIC. INFORMATIVE WALL TEXT IS RESEARCHED AND WRITTEN BY STUDENTS UNDER

THE GUIDANCE OF FACULTY. WORKS BY AGNES SCOTT STUDENTS ARE EMBRACED INTO

THE OVERALL DISPLAY, INCLUDING A VIBRANT BODY OF SELF PORTRAIT WOODBLOCK

PRINTS THAT ARE SITED IN DORMS AND PUBLIC BUILDINGS. FURTHERMORE, ALONG

WITH A STUDENT SHOW, THE GALLERY PRESENTS TWO EXHIBITS A YEAR WHICH

INCLUDE A ROSTER OF LOCAL, NATIONAL, AND INTERNATIONAL PROFESSIONAL

ARTISTS AND ARE ORGANIZED AROUND AN INCLUSIVE THEME THAT ENGAGES

CONTEMPORARY ISSUES, FOCUSING NOT ONLY ON THE WORLD OF ART BUT ALSO ON THE

LARGER GLOBAL CONVERSATION. HAVING SUCH A DYNAMIC TEACHING COLLECTION

**Part XIII Supplemental Information (continued)**

BORNE FROM A MISSION OF EDUCATION ENRICHES THE LEARNING ENVIRONMENT AND  
CONNECTS THE VIEWER IN A TIMELESS DIALOGUE.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL OPERATIONS OF THE COLLEGE,  
TO PROVIDE SCHOLARSHIPS TO THE STUDENTS AND FOR THE FURTHERANCE OF  
ACADEMIC PROGRAMS.

PART X, LINE 2:

THE COLLEGE IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME  
TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION  
DESCRIBED IN SECTION 501(C)(3), EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES  
UNRELATED TO ITS EXEMPT PURPOSE.

THE COLLEGE EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF  
FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS  
CODIFICATION (ASC) 740 INCOME TAXES. THE COLLEGE FOLLOWS THE CRITERION  
THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE  
BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE COLLEGE'S FINANCIAL  
STATEMENTS. THE COLLEGE DETERMINED THAT THE RELEVANT TAX AUTHORITY WOULD  
MORE LIKELY THAN NOT SUSTAIN THE TAX POSITION FOLLOWING AN AUDIT.

THE COLLEGE HAS APPLIED THIS CRITERION TO ALL TAX POSITIONS FOR WHICH THE  
STATUTE OF LIMITATIONS REMAINS OPEN. TAX YEARS OPEN TO EXAMINATION BY TAX  
AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL 2013 THROUGH  
2016. THE COLLEGE HAS A POLICY TO RECORD INTEREST AND PENALTIES (IF ANY)  
RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE COLLEGE HAS  
DETERMINED THAT ITS TAX POSITIONS SATISFY THE MORE LIKELY THAN NOT

**Part XIII Supplemental Information (continued)**

CRITERION AND THAT NO PROVISION FOR INCOME TAXES IS REQUIRED AT JUNE 30,  
 2016. FOR THE YEARS ENDED JUNE 30, 2016 AND 2015 NO INTEREST AND PENALTIES  
 WERE RECORDED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

AVERY PROPERTY REVENUE	1,396,097.
RENTAL EXPENSES	303,628.
ADJUSTMENTS FOR O/S PLEDGES - PERMANENT DIFFERENCE	-1,471,049.
CHANGE IN SPLIT-INTEREST AGRMS & BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	-115,790.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	112,886.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

TUITION ASSISTANCE	20,552,799.
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**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

AVERY PROPERTY EXPENSE	936,143.
RENTAL EXPENSES	306,523.
ROUNDING	3.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,242,669.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

TUITION ASSISTANCE	20,552,799.
--------------------	-------------

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

Department of the Treasury  
Internal Revenue Service

**Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number

58-0566116

**Part I**

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  
If you need more space, use Part II

OUR NONDISCRIMINATORY POLICY IS MADE KNOWN TO THE GENERAL

COMMUNITY THROUGH OUR CATALOGS, BROCHURES, ADMISSIONS

APPLICATIONS AND ON OUR WEBSITE.

	YES	NO
1	X	
2	X	
3	X	

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II

4a	X
4b	X
4c	X
4d	X

5 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

5a	X
5b	X
5c	X
5d	X
5e	X
5f	X
5g	X
5h	X

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" on either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a	X
6b	X
7	X

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

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

532061  
10-02-15

13330508 759874 81016.2

2015.05020 AGNES SCOTT COLLEGE

81016\_21

**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

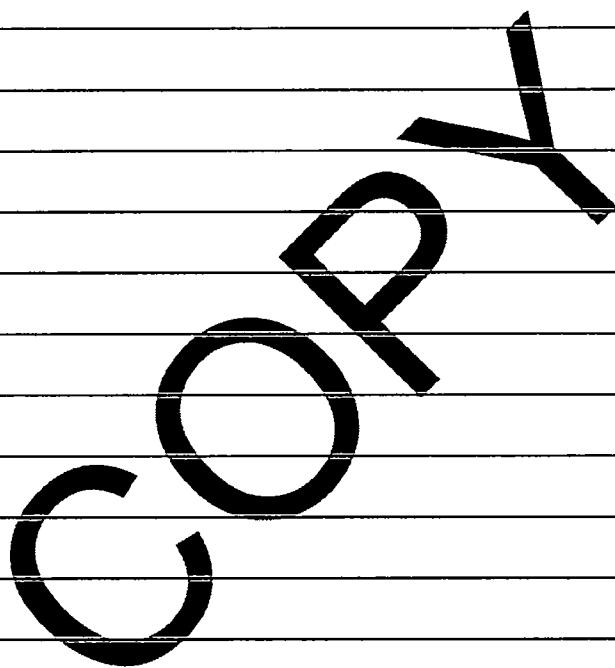
## LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

AGNES SCOTT COLLEGE IS THE RECIPIENT OF THE FOLLOWING FEDERAL AID

PROGRAMS: PELL GRANTS, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, FEDERAL

WORK STUDY GRANTS, NATIONAL INSTITUTE OF HEALTH RESEARCH GRANTS AND

NATIONAL SCIENCE FOUNDATION RESEARCH GRANTS.

A large, bold, black watermark-style text 'COPY' is centered on the page. The 'C' is at the bottom left, the 'O' is in the middle, and the 'P' and 'Y' are stacked vertically on the right. A diagonal line or arrow points from the top right towards the 'Y'.

**SCHEDULE F**  
(Form 990)Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number

58-0566116

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
N/A	0	0			0.
<b>3 a Sub-total</b>	0	0			0.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	0	0			0.

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

Schedule F (Form 990) 2015

532071  
10-01-15

13330508 759874 81016.2

2015.05020 AGNES SCOTT COLLEGE

81016\_21

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

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

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

3 Enter total number of other organizations or entities

► \_\_\_\_\_

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

Part III can be duplicated if additional space is needed

**Part IV Foreign Forms**

1 Was the organization a U S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U S Transferor of Property to a Foreign Corporation* (see *Instructions for Form 926*)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U S Owner* (see *Instructions for Forms 3520 and 3520-A, do not file with Form 990*)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U S Persons With Respect to Certain Foreign Corporations* (see *Instructions for Form 5471*)  Yes  No

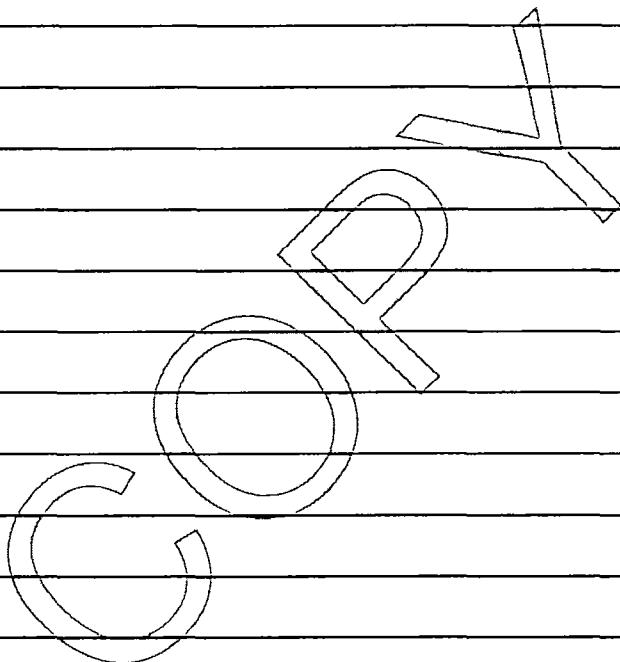
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see *Instructions for Form 8621*)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U S Persons With Respect to Certain Foreign Partnerships* (see *Instructions for Form 8865*)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, *International Boycott Report* (see *Instructions for Form 5713; do not file with Form 990*)  Yes  No

**Part V Supplemental Information**

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



**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

► Attach to Form 990

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number  
58-0566116

**Part I General Information on Grants and Assistance**

1 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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
BALLYKEEL, INC 141 EAST COLLEGE AVENUE DECATUR, GA 30030	58-2338224	501(C)(3)	84,175.	0.			AGNES SCOTT SOLELY TRANSFERS TO BALLYKEEL THE FUNDS TO PAY THE ANNUAL LEASE PAYMENT FOR

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

3 Enter total number of other organizations listed in the line 1 table ► 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

532101  
10-28-15

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT SCHOLARSHIPS	249	3,685,754.	0	BOOK VALUE	TUITION SCHOLARSHIPS
REGULAR GRANTS	505	13,390,943.	0	BOOK VALUE	TUITION GRANTS
RTC AND SEOG GRANTS	325	3,142,225.	0	BOOK VALUE	STUDY ABROAD GRANTS
WORK STUDY	277	333,877.	0	BOOK VALUE	WORK STUDY GRANTS

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2

TO ENSURE THAT THE GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES, OTHER  
THAN WORK STUDY GRANTS, ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE  
DIVERTED FROM THE INTENDED USE, THE FACULTY DEPARTMENT THAT HAS BUDGETARY  
CONTROL OF THE FUNDS SELECTS AND MONITORS THE RECIPIENTS OF THESE GRANTS.  
FOR WORK STUDY GRANTS, THE FACULTY OR ADMINISTRATIVE DEPARTMENT WHERE THE  
STUDENT'S WORK WAS PERFORMED APPROVES ALL STUDENT WORK HOURS AND SUBMITS  
PAPERWORK TO THE PAYROLL OFFICE FOR PAYMENT TO THE STUDENT.

**Part IV Supplemental Information**

PART II, LINE 1, COLUMN (H).

NAME OF ORGANIZATION OR GOVERNMENT: BALLYKEEL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: AGNES SCOTT SOLELY TRANSFERS TO

BALLYKEEL THE FUNDS TO PAY THE ANNUAL LEASE PAYMENT FOR PROPERTY HELD BY

BALLYKEEL, A SUPPORTING ORGANIZATION OF AGNES SCOTT. THE AMOUNT IS

DETERMINED PURSUANT TO A REVIEW OF THE LEASE TERMS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public Inspection

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number

58-0566116

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes 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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?  
b Any related organization?

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:

a The organization?  
b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

532111  
10-14-15

**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.

**Part III** **Supplemental Information**

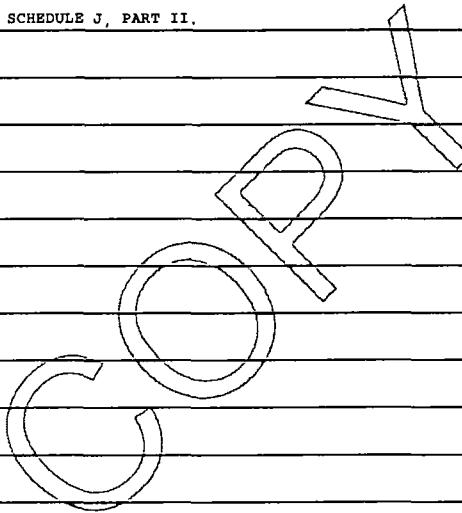
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

**PART I, LINE 1A.**

THE COLLEGE PROVIDES A RESIDENCE FOR PERSONAL USE TO THE PRESIDENT AND FOUR

OF THE OTHER OFFICERS. THE HOUSING IS EXCLUDED FROM TAXABLE INCOME UNDER

IRS CODE SECTION 119 AND INCLUDED IN COLUMN D IN SCHEDULE J, PART II.



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

**Supplemental Information on Tax-Exempt Bonds**  
► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI  
► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047  
**2015**  
Open to Public  
Inspection

Name of the organization <b>AGNES SCOTT COLLEGE</b>						Employer identification number <b>58-0566116</b>					
<b>Part I Bond Issues</b> SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A UNIVERSITIES AUTHORITIES 2015A</b>	58-1407780	74265LD96	05/14/15	20,453,014.	TO REFUND PRIOR ISSUES 07/09/2009 AND 04/28/2011	X		X		X	
<b>B UNIVERSITIES AUTHORITIES 2015B</b>	58-1407780	74265LE20	05/14/15	17,365,000.	TO REFUND PRIOR ISSUES 07/09/2009 AND 04/28/2011	X		X		X	
<b>C UNIVERSITIES AUTHORITIES 2009</b>	58-1407780	74265LWKO	07/09/09	42,784,759.	TO REFUND PRIOR ISSUE 02/02/1999 (PORTION 4,650)	X		X		X	
<b>D</b>											
<b>Part II Proceeds</b>											
1 Amount of bonds retired					<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>			
2 Amount of bonds legally defeased											
3 Total proceeds of issue											
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds				20,453,014.		17,089,234.		42,217,352.			
8 Credit enhancement from proceeds				335,887.		275,766.		567,407.			
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds											
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion					<b>2035</b>	<b>2030</b>	<b>2025</b>				
					Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?					X		X		X		
15 Were the bonds issued as part of an advance refunding issue?					X		X		X		
16 Has the final allocation of proceeds been made?					X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X		X		
<b>Part III Private Business Use</b>											
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax exempt bonds?					<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>			
					Yes	No	Yes	No	Yes	No	Yes
2 Are there any lease arrangements that may result in private business use of bond financed property?					X		X		X		

532121  
10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

## Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			%		%		%	
6 Total of lines 4 and 5			%		%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond financed property to a non governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141 12 and 1 145 2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141 12 and 1 145 2?		X		X		X		

## Part IV Arbitrage

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, BOND ISSUES.

(A) ISSUER NAME UNIVERSITIES AUTHORITIES 2009

(F) DESCRIPTION OF PURPOSE

TO REPUND PRIOR ISSUE 02/02/1999 (PORTION 4,650,000 WAS DEPEASED)

**SCHEDULE L**  
(Form 990 or 990-W)

## **Transactions With Interested Persons**

OMB No 1545-0047

2015

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- 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.
  - Attach to Form 990 or Form 990-EZ.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Employer identification number**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 26b, or Form 990 EZ, Part V, line 40b			
1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
			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

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Total

8

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Schedule L (Form 990 or 990-EZ) 2015**

532131  
10-02-15

## Part IV Business Transactions Involving Interested Persons.

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

## Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ELIZABETH HOLDER

(D) DESCRIPTION OF TRANSACTION: BUILDING CONSTRUCTION SERVICES

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2015**

Open To Public  
Inspection

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number

58-0566116

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	86	705,308	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( PIANO - STEIN )	X	1	15,900	FAIR MARKET VALUE
26 Other ► ( STERLING SILV )	X	1	8,440	FAIR MARKET VALUE
27 Other ► ( BOARD MEETING )	X	13	7,219	COST
28 Other ► ( GLASSWARE )	X	1	3,062	COST

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2015)

532141  
08-21-15

13330508 759874 81016.2

2015.05020 AGNES SCOTT COLLEGE

81016\_21

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

**PART I, OTHER TYPES OF PROPERTY:**

SILVERPLATED PUNCH BOWL WITH TRAY, TWELVE CUPS, AN

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 800.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

FOOD, WINE, AND SUPPLIES

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 686.

(D) METHOD OF DETERMINING REVENUE: COST

FITTED MAHOGANY SILVER CHEST

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 650.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

NEST HVAC UNIT

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 249.

(D) METHOD OF DETERMINING REVENUE: COST

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE COLLEGE DOES HIRE AND USE THIRD PARTIES TO SELL AND PROCESS NONCASH

CONTRIBUTIONS THAT ARE SECURITIES, REAL ESTATE, OR VEHICLES. FOR

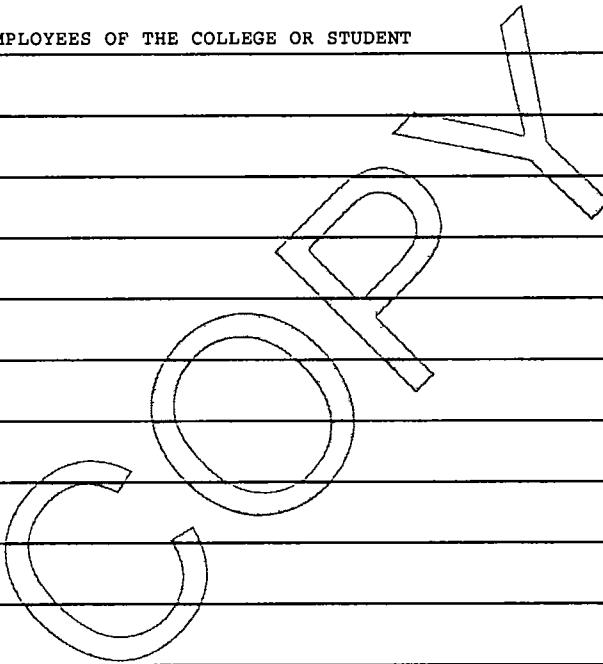
SECURITIES, THE COLLEGE USES OUR BROKER TO SELL SAME DAY AT FAIR MARKET

VALUE.

HOWEVER THE COLLEGE DOES NOT HIRE OR USE THIRD PARTIES TO SOLICIT

NONCASH CONTRIBUTIONS. ONLY EMPLOYEES OF THE COLLEGE OR STUDENT

VOLUNTEERS SOLICIT DONATIONS.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number  
58-0566116

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

EDUCATING WOMEN TO THINK DEEPLY, LIVE HONORABLY AND ENGAGE THE

INTELLECTUAL AND SOCIAL CHALLENGES OF THEIR TIMES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER AUXILIARY PROGRAM SERVICES

EXPENSES \$ 8,653,251. INCL GRANTS OF \$ 88,175. REVENUE \$ 10,107,951.

**FORM 990, PART VI, SECTION B, LINE 11:**

THE VICE PRESIDENT OF BUSINESS & FINANCE PERFORMS A DETAILED REVIEW OF THE

FORM 990 BEFORE FILING THE RETURN. THE PRESIDENT OF THE COLLEGE, THE CHAIR

OF THE COLLEGE'S BOARD OF TRUSTEES, AND THE CHAIR OF THE FINANCE COMMITTEE

(STANDING COMMITTEE OF THE BOARD) WILL RECEIVE A COPY OF THIS RETURN FOR

REVIEW BEFORE FILING. THE OTHER MEMBERS OF THE BOARD WILL RECEIVE A COPY OF

THE FORM 990.

**FORM 990, PART VI, SECTION B, LINE 12C:**

ON A YEARLY BASIS, EVERY COLLEGE OFFICER AND EACH MEMBER OF THE COLLEGE'S

BOARD OF TRUSTEES IS REQUIRED TO SIGN THE POLICY AND DISCLOSE WHETHER THEY

HAVE ANY CONFLICTS. THE SECRETARY OF THE BOARD OF TRUSTEES OVERSEES THE

RECEIPT OF THESE POLICIES AND REPORTS TO THE CHAIRMAN OF THE BOARD OF

TRUSTEES IF ANY CONFLICT IS NOTED.

**FORM 990, PART VI, SECTION B, LINE 15:**

THE COMPENSATION OF THE PRESIDENT OF THE COLLEGE IS REVIEWED AND APPROVED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

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

Name of the organization

AGNES SCOTT COLLEGE

Employer identification number  
58-0566116

BY THE BOARD OF TRUSTEES, FOR ITS REVIEW AND DISCUSSION, THE BOARD USES  
 COMPARABLE COMPENSATION INFORMATION. CONTEMPORANEOUS DOCUMENTATION OF ITS  
 DISCUSSIONS IS RECORDED IN THE MINUTES OF THE BOARD OF TRUSTEES. THE  
 COMPENSATION FOR ALL KEY EMPLOYEES IS NEGOTIATED BY THE PRESIDENT OF THE  
 COLLEGE AND HUMAN RESOURCES AND IS APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE  
 PUBLIC UPON REQUEST AND APPROVAL OF AN OFFICER. THE COLLEGE DOES NOT MAKE  
 ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC  
 INSPECTION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RENTAL EXPENSES	-2,895.
ADJUSTMENTS FOR O/S PLEDGES - PERMANENT DIFFERENCE	-1,471,049.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-115,790.
POSTRETIREMENT BENEFIT CHANGES	-3,148,243.
ROUNDING ADJUSTMENT	-4.
TOTAL TO FORM 990, PART XI, LINE 9	-4,737,981.

**SCHEDULE R**  
**(Form 990)**

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990

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

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Name of the organization

AGNES SCOTT COLLEGE

**Employer identification number**  
58-0566116

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
AVERY PROPERTIES, INC. - 58-2328397 141 E. COLLEGE AVE. DECATUR, GA 30030	REAL ESTATE	GEORGIA	501(C)(3)	LINE 11B, II	AGNES SCOTT COLLEGE	
BALLYKEEL, INC. - 58-2338224 141 E. COLLEGE AVE. DECATUR, GA 30030	HOLDING CO	GEORGIA	501(C)(3)	LINE 11B, II	AGNES SCOTT COLLEGE	X

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

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Schedule R (Form 990) 2015

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

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

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AVERY PROPERTIES, INC.	D	269,345	AMOUNT BORROWED
(2) AVERY PROPERTIES, INC.	S	779,860	CASH TRANSFERRED
(3) BALLYKEEL, INC.	B	88,175	CASH CONTRIBUTED
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

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

