Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047 Open to Public Inspection

Α	For th	ne 2016 calendar year, or tax year beginning UL 1, 2016 and	ending J	UN 30, 2017		
В	Check r applicat	C Name of organization		D Employer id	entific	cation number
	Addr	ess <u>Earlha</u> m College				
	Nam Chan			35	-0868	8073
	Initia returi		Room/suite	E Telephone n	umber	•
	Final	801 National Boad Wort				3-1200
,	term: ated			G Gross receipts \$		116,474,622.
X	Ame	nded Richmond, IN 47374		H(a) Is this a gr	oup re	turn
	Appl	F Name and address of principal officer Affile Houtillan		for subord	ınates	? Yes X No
	pend	same as C above		H(b) Are all subord	ınates ın	cluded? Yes No
		tempt status \boxed{x} 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no) $\boxed{}$ 4947(a)(1) c	or 527	∐ If "No," att	ach a	list. (see instructions)
J '	Webs	ite: ▶ www.earlham.edu		H(c) Group exe		n number 🕨
		forganization <u>x</u> Corporation <u>Trust</u> Association <u>Other</u>	∟ Year	of formation: 188:	1 M	State of legal domicile: IN
P	art I	<u> </u>				
ė	1	Briefly describe the organization's mission or most significant activities An inte		lly challengin	ng,	
Governance		globally engaged, and socially concerned liberal arts college				
ērn	2	Check this box If the organization discontinued its operations or dispos	sed of more	e than 25% of its	net as	
9	3	Number of voting members of the governing body (Part Visiting Fat Number of independent voting members of the governing body (Part Visiting 1b)			3	24
	4	Number of independent voting members of the governing book (Part VIII line 1b)	- 1 mg		4	23
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	1305
Activities &	6	Total number of volunteers (estimate if necessary) AUG 23 202	21		6	500
Ac	7 a	Total unrelated business revenue to Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business tayable Indom Drom Form 990-T, line 34FLLER	/		7b	0.
		IRS OGDEN. U	TAH—	Prior Year	714	Current Year
Revenue	8	Contributions and grants (Par 1811, 2021 h)	-	11,923, 52,508,	 +	55,535,315.
Ver	9	Program service revenue (Part VIII, line 2g)	\vdash		-	59,641,927.
Re	10	Investment income (Rap RIII B. bi. A.M. A.). Thes 3, 4, and 7d)	\vdash	<255,	0.	56,922.
	11	Other revenue (Part VIII, colon Dan Mass 5, 6d, 8c, 9c, 10c, and 11e)		64,176,		115,234,164.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,239,		39,178,791.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
w	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,681,		28,890,932.
Se	ł	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)	658.			
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	29,471,	151.	32,016,004.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	90,391,		100,085,727.
		Revenue less expenses Subtract line 18 from line 12		<26,214,		
or Ses			Be	ginning of Current	_	End of Year
sets or	20	Total assets (Part X, line 16)		380,953,		401,002,464.
t Ass d Ba	21	Total liabilities (Part X, line 26)		117,570,		120,629,817.
캺	22	Net assets or fund balances Subtract line 21 from line 20		263,383,	113.	280,372,647.
Pa	art II	Signature Block				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the bes	t of my	knowledge and belief, it is
true	, corre	ct and complete. Declaration of prepater (other than officer) is based on all information of whi	ich preparer	has any knowledge	. 1	1
		Store But Navel		7	31	202
Sigi	n	Signature of officer 'S		Date	•	
Her	e	Stacy L. Davidson, VP Finance & Administration				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Λ .	Date Che	eck	PTIN
Paid	t	red R. Batson, Jr. Led R. Batson	1	7/27/2021 If self	-employed	1 ₽00721951
Pre	parer	Firm's name Capin Crouse LLP	V	Firm's Ell	N 🕨	36-3990892
Use	Only	Firm's address 345 Massachusetts Avenue, Suite 300				
_		Indianapolis, IN 46204		Phone no	505-	502-2746
May	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
	01 11-		ns.			Form 990 (2016)

	n 990 (2016) Earlham College	35-086807	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission		
	The mission of Earlham College, an independent, residential college,		
	is to provide the highest quality undergraduate education in the		
	liberal arts, including the sciences, shaped by the distinctive		
	perspectives of the Religious Society of Friends (Quakers).		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total e	kpenses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 87,195,283. including grants of \$ 38,811,727.) (Revenue)	ıe \$	59,109,111.
	Earlham College - Providing high quality liberal arts education for		
	approximately 1,000 undergraduates and 50 graduate students. Serving		
	the local community through arts, music, and cultural events open to		·
	the public. Students volunteer with many community service		
	organizations. Approximately 2,500 people in the local community are		
	served in this way.		
4b	(Code) (Expenses \$1,461,842. including grants of \$367,064.) (Revenue	ie \$	532,816.
	Earlham School of Religion - Providing seminary training for		
	approximately 100 students.		
4c	(Code) (Expenses \$) (Revenue	e \$)
		-	
		*	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 88,657,125.		
			Form 990 (2016)

Form 990 (2016) Earlham College Part IV Checklist of Required Schedules

•—			r	
			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, Schedule of Contributors?	2	х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			<u></u> 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			١
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
þ	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا-نا		
	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
8	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		х
9	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	255	X
		Form	990 (2016)

35-0868073

D 11/	Checklist of Required Schedules (continued)	
Part IV.	I CINACKIIST OT KANIIIPAN SCHANIIIAS (continuad)	
	i Officernist of frequired ochequies (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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		x	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u>.</u>	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			t
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
•	If "Yes," complete Schedule N, Part I	31	ļ	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2	2016)

	990 (2016) Earlian College 53-000073		<u> </u>	age V
Ра	rt 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			الت
	Oneok ii ochedule o contains a response or note to any line in triis r art v		TV	<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable.		Yes	No
	Enter the number reported in Box 6 of Ferrit 1805 Enter 6 in Not approach			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u>x</u>	
•	(gambling) winnings to prize winners?	1c		
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.			
	The did the delendar year ending war of walling the year elevered by this retain		<u>x</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u>x</u>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	 -
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.	x	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	
D	If "Yes," enter the name of the foreign country See Schedule 0			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			x
5a	,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	/b		
С	to file Form 8282?	7.		х
٦	1 - 1	7c		
ď	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	—— 7е		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		x
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- '''		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	ٿ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
-	J			

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

Earlham College 35-0868073 Form 990 (2016) 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 Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 х X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	х	
	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	li		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	TWO TO THE TOTAL T			

17	List the states with which a copy of this Form 990 is required to be filed ►IN
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 X 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

632006 11-11-16

	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:
	Stacy L. Davidson - 765-983-1200
	801 National Road West, Richmond, IN 47374

Form 990 (2016)

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	offi	not c , unle cer an	heck ss pe	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Deborah Hull	4.00									
Chair		Х		х		<u> </u>		0.	0.	0.
(2) David Jones	2,00									
Vice Chair		х		x				0.	0.	0.
(3) Raymond Ontko	2.00									
Secretary		x		х				0.	0.	0.
(4) John David Dawson	50,00									<u> </u>
President		х		х		<u> </u>		328,929.	0.	53,601.
(5) Ellie Bewley	2.00									
Trustee		х						0.	0.	0,
(6) Gerry Cooper	2.00									
Trustee		Х						0.	0.	0.
(7) William Dubois	2.00									
Trustee		х						0.	0.	0.
(8) Robert Graham	2.00									
Trustee		х						0.	0.	0.
(9) Tania Deng	2.00									
Trustee	1.00	Х						0.	0.	0.
(10) Della Stanley-Green	2.00									
Trustee		х						0.	0.	0.
(11) Ian Henry	2.00									
Trustee		х						0.	0,	0.
(12) Peggy Hollingsworth	2.00									
Trustee		х						0.	0.	0.
(13) Fred McClure	2.00									
Trustee		х		_				0.	0.	0,
(14) Thomas Roberts	2.00	İ		ļ						
Trustee		х	_	_			_	0.	0.	0.
(15) Steve Mills	2.00	Į								
Trustee		х						0.	0.	0.
(16) Vırginia Mills	2.00									
Trustee		х						0.	0.	0.
(17) Randall Sadler	2.00									
Trustee	1.00	Х						0.	0.	0. Form 990 (2016)

Part VII Section A. Officers, Directo		ploy	/ees			ghe	st C			ı
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) David Shear	2.00			ŀ						
Trustee		х						0.	0.	0.
(19) Drew Smith	2.00									
Trustee		х						0.	0.	0.
(20) David Stump	2.00									
Trustee		х						0.	0.	0.
(21) Alan Price	2,00									
Trustee		x						0.	0.	0.
(22) Polly Dawkins	2.00									
Trustee		x						0.	0.	0.
(23) Alan Scantland	2,00									
Trustee		x						0.	0,	0.
(24) Kirk Wright	2.00									
Trustee		x						0,	0.	0.
(25) Gregory Mahler	50.00									
VP of Academic Affairs				х				178,851.	0.	28,219.
(26) Sena Landey	50.00									
VP of Finance & Admin.	3,00			х				178,042.	0.	28,214.
1b Sub-total							▶	685,822.	0.	110,034.
c Total from continuation sheets to	Part VII, Section A						>	1,358,543.	0.	196,851.
d Total (add lines 1b and 1c)							>	2,044,365.	0.	306,885.

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

Yes No
3 X

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
 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
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
Metz Culinary Management		
2 Woodland Drive, Dallas, PA 18612	Food Services	2,979,319
Wurster Construction, 8483 Castlewood		
Drive, Indianapolis, IN 46250	General Contractor	2,133,195
Renaissance Properties Management, LLC		,
117 South 5th Street, Richmond, IN 47374	Property Management	2,004,061
Aramark Incorporated		
1101 Market St, Philadelphia, PA 19107	Housekeeping	1,334,261
Siemens Industry Inc., 6200 Technology		
Center Drive, Indianapolis, IN 46278	General Contractor	713,341

See Part VII, Section A Continuation sheets

Form **990** (2016)

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	7.				Highest compensated employee		the	organizations	compensation
	(list any hours for	lirect(Ē		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	e or d	itee			sate		(88-27 1099-181130)		organization and related
	organizations	truste	al trus		e A	mper.				organizations
	below	ndividual trustee or director	Institutional trustee	بية	Key employee	stco	 =			v. ga. n.zationio
	line)	Indivi	Instit	Officer	Key e		Former			
(27) Laura Hutchinson	50.00									
VP Student Dev & Dean				х				132,368.	0.	24,823
(28) Avis Stewart	50.00				Г					
VP Community Relations				x				207,261.	0.	6,172
(29) Jay Marshall	50.00									
VP & Dean of ESR				x				126,038.	0.	24,131
(30) Jonathan Stroud	50.00									
VP for Enrollment & Comm.				x				186,978.	0.	27,975
(31) Phillip Morgan	10,00									
Chief Investment Officer	40.00			x				171,544.	0.	29,609
(32) Nelson Bingham	50.00									
Psychology Professor						х		104,911.	0.	19,307
(33) Stephen Angell	50.00								•	
Prof, of Quaker Studies						х		114,466.	0.	17,616,
(34) Bonita Washington-Lacey	50.00									
Assoc. VP for Academic Aff						х		110,567.	0.	23,403,
(35) Katherine Gottschalk	50.00									
Director of Financial Aid						х		103,320.	0.	5,166.
(36) E. Marya Bower	50.00									
Sr. Advisor for Integrative Ed						х		101,090.	0.	18,649
					L					-
		Щ								
		\Box			Щ					
	ļ									
· · · · · · · · · · · · · · · · · · ·										
	<u> </u>								İ	
W-11-		_								
		i								
Total to Part VII, Section A, line 1c								1,358,543.		196,851.

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			5.135N.W. 95.134A.B. 9 35.N.	amo a vocpones	or mote to unly in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f Tuition and fees Auxiliary income Other income	ts, and ve 1f	38,020,047. 1,044,611. 16,470,657. 3,237,183. Business Code 900099 611710 900003	55,535,315. 46,008,181. 9,626,345. 4,007,401.	46,008,181. 9,626,345. 4,007,401.		
ď			All other program service reve	nue		59,641,927.			
	3 4 5	<u>g</u>	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties		>	82,115.			82,115.
		b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real	(ii) Personal				
		a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 1,215,265. 1,240,458.	(II) Other				
			Gain or (loss) Net gain or (loss)	<25,193.	<u>P</u>	<25,193.			<25,193.
Other Revenue	8	a b	Gross income from fundraising including \$	of 1c). See a		,			
	9	а	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses						
	10 a	c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	ing activities returns a b s of inventory	>				
		b	Miscellaneous Revenue		Business Code				
	(е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions			115 234 164	59 641 927		56 922

35-0868073

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 (A) Total expenses (D) (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses expenses generăl expenses Grants and other assistance to domestic organizations 6,773,209 and domestic governments. See Part IV, line 21 6,773,209 Grants and other assistance to domestic 32,405,582 32,405,582 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,859,210 503,579 1,167,704 187,927. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 19,661,278. 15,901,693 2,893,482. 866,103. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,234,082 1,011,274 162,204 60,604. 4,817,196 3,678,195 951,985, 187,016. 9 Other employee benefits Pavroll taxes 1,319,166 1,093,574 171,545 54.047. 10 Fees for services (non-employees) Management 191,306. 192,101. 795. Legal 102,509, 102,509. С Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 3,462,933 2,327,652. 1,087,087 48,194. 145,294, 48,916. 67,403, 28,975. Advertising and promotion 12 3,408,084. 2,738,594. 564,106. 105,384. Office expenses 13 Information technology 897,765 467,158, 421,093, 9.514. 14 15 Royalties 3,320,624 3,299,698 20,191 735. 16 Occupancy 1,398,092 1,101,334 217,481 79,277. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 275.844 210,728 60 262. 4.854. 19 Conferences, conventions, and meetings 3,220,852 3,809,134. 20 Interest 588,282, Payments to affiliates 21 7,066,098 6,698,582 309,205 58,311. 22 Depreciation, depletion, and amortization 473,319 202,550 270,769. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) Total Carlo amount, list line 24e expenses on Schedule O) 3,375,848, 3,166,645 175 853 33,350. Off campus programs 2,245,170 2,232,518 12,652, h Library Purchases 429 813 429,468 345 131,167. 256,049, 112,709 Membership 12,173. 1,157,327 1,032,615 75,313, 49,399. e All other expenses 100,085,727 88,657,125 9 641 944 1,786,658. Total functional expenses Add lines 1 through 24e 25 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)

35-0868073

<u>ٿ. ت</u>	IL X .	Check if Schedule O contains a response or no	te to a	ny line in this Part X	· · ·		
	***				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,738.	1	25,844.
	2	Savings and temporary cash investments			8,840,871.	2	8,193,834.
	3	Pledges and grants receivable, net			2,033,886.	3	1,780,655.
	4	Accounts receivable, net			2,077,188.	4	1,206,401.
	5	Loans and other receivables from current and fo	ormer o	officers, directors,			
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ets		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ÿ	8	Inventories for sale or use			77,509.	8	96,121.
	9	Prepaid expenses and deferred charges			930,643.	9	926,339.
	10a	Land, buildings, and equipment cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	222,450,532.			
	ь	Less: accumulated depreciation	10b	75,032,671.	145,988,240.	10c	147,417,861.
	11	Investments - publicly traded securities			15,086,246.	11	14,490,243.
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related See Part IV, line		3,938,466.	13	3,525,156.	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	201,952,140.	15	223,340,010.		
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	380,953,927.	16	401,002,464.
	17	Accounts payable and accrued expenses	5,461,731.	17	3,275,756.		
	18	Grants payable		18			
	19	Deferred revenue		123,139.	19	138,095.	
	20	Tax-exempt bond liabilities			84,407,818.	20	82,310,874.
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
es.	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
ij		key employees, highest compensated employee	es, and	disqualified persons			
Lrabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties	16,824,050.	23	24,843,783.
	24	Unsecured notes and loans payable to unrelate	d thırd	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D		<u> </u>	10,754,076.	25	10,061,309.
	26	Total liabilities. Add lines 17 through 25			117,570,814.	26	120,629,817.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and	id 34.	<u> </u> _			
anc	27	Unrestricted net assets		<u> </u>	73,823,305.	27	68,776,297.
Bal	28	Temporarily restricted net assets	170,466,513.	28	192,443,401.		
Net Assets or Fund Balances	29	Permanently restricted net assets			19,093,295.	29	19,152,949.
F		Organizations that do not follow SFAS 117 (A	SC 95	B), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.]_		.	
sets	30	Capital stock or trust principal, or current funds		<u> </u>		30	····-
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
et	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
~	33	Total net assets or fund balances		<u> </u>	263,383,113.	33	280,372,647.
	34	Total liabilities and net assets/fund balances			380,953,927.	34	401,002,464.

	1990 (2016) Earlham College	35-0868073		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
	T. I		115	224	164
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,164.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	,727.
3	Revenue less expenses Subtract line 2 from line 1	3			,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	263		,113.
5	Net unrealized gains (losses) on investments	5		<26	<u>,600.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,867	,696.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	280	,372	,646.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	-	ا, ا		_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	'		4
	separate basis, consolidated basis, or both				إعرابا
	Separate basis Consolidated basis Both consolidated and separate basis		تـــــا	<u> *</u>	أحتا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	-[٠.	. 1
	consolidated basis, or both		1 1	÷	
	Separate basis X Consolidated basis Both consolidated and separate basis		١.	٠.	·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ll		لــــدا
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			Ī.
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nan	Name of the organization Employer identification number								
			m College						5-0868073
Pa	rt l	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instruction	s.	
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box)			
1	\square	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2	X	A school described in sect	ion 170(b)(1)(A)(ıi). (Attach Schedule E (Forr	n 990 or 9	90-EZ))			
3	\sqsubseteq	A hospital or a cooperative							
4	Ш	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d ın sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state							
5		An organization operated for section 170(b)(1)(A)(iv). (C		ollege or university owne	d or opera	ited by a g	overnmental (unit descri	bed in
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A))(v).		
7	Ш	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmenta	l unit or from t	the genera	l public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8	\sqsubseteq	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operat	ed in conji	unction with a	land-grant	t college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colle	ge or
10		university An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions	and (2) n	o more tha	ın 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ured by the or	rganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III)						
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section :	509(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, an	d 12g	
а		Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported or	ganızatıon(s),	typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the	supporting
		organization You must o	complete Part IV, Se	ections A and B.					
b	_	Type II. A supporting org	anızatıon supervised	d or controlled in connec	tion with i	ts support	ed organization	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or mana	age the su	oported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С	L							lly integrat	ed with,
	_	ıts supported organizatio	, , ,	•	•	•	•		
d		Type III non-functionally		• • •				-	• •
		that is not functionally int		• •	•		•	d an attent	tiveness
	_	requirement (see instruct							
е	L	Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or		nally integrated support	ıng organı	zation.			
f		r the number of supported o	•	- d (-)					
g		ride the following information Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	٠,	organization	(,	(described on lines 1-10	in your govern	ng document?	support (see in	-	support (see instructions)
				above (see instructions))	100		-		
						ļ			
	-								
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Schedule A (Form 990 or 990 EZ) 2016 Earlham College 35-0868073

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

• •	•		•	,, ,, ,,	•		,, ,	
(Complete only if y	you checked the box on line 5, 7,	or 8 of Part I or it	f the organization f	failed to d	qualify under	Part III	If the organ	ızatıon
fails to qualify und	ler the tests listed below, please o	complete Part III)					

<u> </u>	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	27,783,989.	23,233,405.	20,059,749.	11,923,714.	55,535,315.	138,536,172.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					, and the second	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	27,783,989.	23,233,405.	20,059,749.	11,923,714.	55,535,315.	138,536,172.
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)						3,017,967.
6	Public support, Subtract line 5 from line 4						135,518,205,
	ction B. Total Support	l					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	27,783,989.	23,233,405.	20,059,749.	11,923,714.	55,535,315.	138,536,172.
	Gross income from interest,	, ,	, ,				<u> </u>
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,621,289.	3,120,424.	2,933,262.	80,479.	82,115.	7,837,569.
9	Net income from unrelated business					,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						146,373,741.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	268,021,594.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ı x vear as a sectioi		
	organization, check this box and stop			.,	,		
Sec	tion C. Computation of Publi	c Support Per	centage	· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2016 (li			olumn (f))		14	92.58 %
	Public support percentage from 2015			***		15	89.86 %
	33 1/3% support test - 2016. If the o			line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	•		·		•	×
b	33 1/3% support test - 2015. If the o		•	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	-			J. •	,	▶□
17a		•	• •		13, 16a. or 16b. a	and line 14 is 10%	or more.
. ,	7a 10% -facts-and-circumstances test - 2016. 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"						▶□
h	10% -facts-and-circumstances test					7a. and line 15 is	10% or
	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
10	Tivate loundation. If the organization	. did not oneon a l	20% OIT III C 10, 100	.,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 Earlham College Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	elow, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and					<u> </u>	· · · · · · · · · · · · · · · · · · ·
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				<u> </u>		_
are not an unrelated trade or bus-						
iness under section 513						
				 	 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<u> </u>	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	<u>.</u>	ļ			ļ	
6 Total. Add lines 1 through 5	 					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				İ		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)			•			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on				1		
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business			<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain				1		
or loss from the sale of capital						
assets (Explain in Part VI)		ļ	1			
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization	's first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶∟_
Section C. Computation of Publi						
15 Public support percentage for 2016 (li			column (f))		15	9
16 Public support percentage from 2015					16	9
Section D. Computation of Inves						
17 Investment income percentage for 20	16 (line 10c, colu	mn (f) dıvıded by lıı	ne 13, column (f))		17	9
18 Investment income percentage from 2	: 015 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2016. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly :	supported organi	zation	▶□
b 33 1/3% support tests - 2015. If the	organization did i	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and F. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

300	tion A. All Supporting Organizations		Tv	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>	1	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	
С	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		ľ i	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		i I	
	(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)			
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
D	designated in the organization's organizing document?	 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u> </u>		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
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)	_ 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		<u> </u>	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c	\vdash	
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	10a		
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b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Sche	edule A (Form 990 or 990-EZ) 2016 Earlham College	35-0868073	P	age 5
		Supporting Organizations (continued)	· ·		
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)		J	
	below,	the governing body of a supported organization?	11a		
þ	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
				Yes	No
1	Did the	directors, trustees, or membership of one or more supported organizations have the power to			
	regular	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax yea	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	lled the organization's activities If the organization had more than one supported organization,			
	describ	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organiz	rations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	
2	Did the	organization operate for the benefit of any supported organization other than the supported			
	_	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI	how providing such benefit carried out the purposes of the supported organization(s) that operated,		<u> </u>	
		ised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Sec	tion C	. Type II Supporting Organizations		,	,
				Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or man	agement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s)			
Sec	tion D	. All Type III Supporting Organizations		,	,
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ation's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	×		
) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ation's governing documents in effect on the date of notification, to the extent not previously provided?	11	ļ	<u> </u>
2		ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	eation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	l -		
	_	ranization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	-
3	•	son of the relationship described in (2), did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			İ
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
~		ted organizations played in this regard			
		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Int	structions).		
a		The organization satisfied the Activities Test. Complete Ilne 2. below			
b		The organization is the parent of each of its supported organizations. Complete line 3 below	*·*··		
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	.ity (see iristructions		
2		es Test, Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			l
	-	oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain—how these activities directly furthered their exempt purposes,			
		eupported organizations and explain how these activities directly furthered their exempt purposes, e organization was responsive to those supported organizations, and how the organization determined			
		e organization was responsive to triose supported organizations, and now the organization determined ese activities constituted substantially all of its activities			
L		activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	\vdash	<u> </u>
b		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		organization's supported organization(s) would have been engaged in / ii / res, explain in Fart Vi (the start of the start			
		es but for the organization's position that its supported organization(s) would have engaged in these			
,		-	2b		
3		of Supported Organizations. <i>Answer (a) and (b) below.</i> organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		s of each of the supported organizations? <i>Provide details in Part VI.</i>			
h		organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja Ja		
b		upported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Ц.	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-	· ·	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	,
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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)			
	Average monthly value of securities	1a		
-	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		.,
8	Minimum Asset Amount (add line 7 to line 6)	8	• • • • • • • • • • • • • • • • • • • •	
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	anization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2016

Par	₹ V ↑ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		·	
		(i)	(11)	(iii)
S4.	and Distribution Allocations (and instructions)	Excess Distributions	Underdistributions	Distributable
secu	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а	1			
b				
С	From 2013			
d	From 2014			-
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
ı	Carryover from 2011 not applied (see instructions)		<u> </u>	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7. \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			!
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			· · · · · · · · · · · · · · · · · · ·
	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	*		- · · · · · · · · · · · · · · · · · · ·	
	Excess from 2013			
	Excess from 2014			
	Excess from 2015		 · · · · · · · · · · · · · · · · · ·	
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Earlham College	35-0868073	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions)	s 1 and 2, Part IV, Sect t V, Section B, line 1e,	; ion C,
Schedule A, Part II.		
The organization is a school as described under 170(b)(1)(A)(ii) and is		
not required to complete a public support schedule. Schedule A, Part		
II is completed to verify the School can qualify under public charity		
status section 170(b)(1)(A)(vi) and qualifies to use the first listed	· · · · · · · · · · · · · · · · · · ·	
special rule for Schedule B reporting.		
	·	
		
	<u>.</u>	
		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Earlham College

Employer identification number

35-0868073

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e-	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ►	_	
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per	• .	
	violations, and enforcement of the conservation easements it		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
_	\$		04.1/1.1/21/1
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections of	Art Historical Treasures or (Other Similar Assets
	Complete if the organization answered "Yes" on Form		The China Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh	· ·	
	the text of the footnote to its financial statements that describ	·	arise of public service, provide, in fact XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed	•	
		deathor, or rescaror in factor and or pr	able 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		S S
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, provide
_	the following amounts required to be reported under SFAS 11		g Freeing
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990. Part X		• s

<u>Sche</u>	dule D (Form 990) 2016 Earlham Col	lege					35-08680)73	Page 2
Pai	t III Organizations Maintaining C	ollections of A	t, Historical T	reasures,	or Oth	er Simila	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following the	at are a s	significant	use of its	collection	ı ıtems
	(check all that apply)								
а	Public exhibition	d	Loan or exc	change progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizat	ion's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be ma					_		Yes	□ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	on answered	"Yes" or	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other a	ssets no	t included		_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or o	ustodial acco	ount liab	ılıty?		」Yes	<u></u> No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has beer	n provided or	Part XII	<u> </u>			
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on F	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	384,132,175.	405,520,255	. 404,99	8,958.	353,1	21,571.	326,	508,592.
þ	Contributions	6,773,209.	3,385,327	. 2,14	4,070.	2,4	74,973.	2,	668,661.
С	Net investment earnings, gains, and losses	52,334,752.	<7,433,220	. 15,06	9,216.	71,8	83,261.	44,	382,579.
d	Grants or scholarships	17,132,675.	16,801,492	. 16,09	3,616.	21,9	26,692.	19,	725,543.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	612,786.	538,695	. 59	8,274.	6	45,255.		621,717.
g	End of year balance	425,494,675.	384,132,175	. 405,52	0,255.	404,9	98,958.	353,	121,571.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as.					
а	Board designated or quasi-endowment	8,22	_%						
b	Permanent endowment ► 20.36	%							
С	Temporarily restricted endowment ▶	71.42 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administe	ered for	the organiz	ation	_	
	by								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization			?				3b	X
4	Describe in Part XIII the intended uses of the		wment funds						
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	See Form 990), Part X	, line 10.	· · · · · · · · · · · · · · · · · · ·		
	Description of property	(a) Cost or of	1 ' '	t or other		ccumulate	d	(d) Book	value
		basis (investr		(other)	de	preciation			
1a	Land			2,812,143.					812,143.
b	Buildings		19:	2,922,915.		55,240,	855.	137,	682,060.
С	Leasehold improvements								
d	Equipment			4,054,632.		19,791,	816.		262,816.
	Other			2,660,842.			_		660,842.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)				147,	417,861.

Schedule D (Form 990) 2016 Earlham College			35-086	8073	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV,	ine 11b See Form 990,	Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation. Cost or end-of	year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)		<u>.</u> .			
(B)		-			
(C)			<u></u>		
(D)			<u> </u>		
(E)			-		
(F)					
(G)					
(H)					
Total (Col (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII Investments - Program Related.		<u> </u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c See Form 990,	Part X, line 13		
(a) Description of investment	(b) Book value	(c) Method of v	aluation. Cost or end-of	year market v	alue
(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"		ine 11d See Form 990,	Part X, line 15		
(a)	Description			(b) Book va	lue
(1) Interest in charitable trusts					28,263.
(2) Due from related organization	····	·		221,7	11,747.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		·····			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	 	>	223,34	40,010.
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, I		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value	Į		
(1) Federal income taxes					
(2) Deposits		823,135.		•	

(3) Amounts Held for Others 1,342,524. 2,437,465. Annuities Payable 3,701,253. Advances for Student Loans 775,438. Fair Value of Swap Agreement 981,494. Capital Lease Obligation (7) (8) (9) 10,061,309. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{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 🗓

	edule D (Form 990) 2016 Earlham College		35-0868073	Page 4
Pa	rt XI · Reconciliation of Revenue per Audited Financial Statem	ents With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Exp	enses per Return.	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par	rt IV, lines 1b and 2b	; Part V, line 4, Part X, line 2; Par	t XI,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information		
Part	V, line 4:			
Carl	ham's endowment funds are used to support the educational pro-	grams of		
he	College,			
art	X, Line 2.			
he	College is exempt from federal income taxes under Section 501	(c)(3) of		
he	U.S. Internal Revenue Code and a similar provision of state la	aw. The		
coll	ege is subject to federal income tax on any unrelated busines	s taxable		
nco	me. The College is not considered to be a private foundation,	The		
oll	ege is no longer subject to U.S. federal, state and local or m	non-U.S.		
			-	
nco	me tax examinations by tax authorities for years before 2011,			
				- -

Schedule D (Form 990) 2016	Earlham College	35-0868073	Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Infor	mation (continued)		
		 	
	•		
<u></u>			
.	· · · · · · · · · · · · · · · · · · ·		
			
			
· -			
	·		
		 	

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Earlham College

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 <u> 16</u>

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-0868073

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			• "
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
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	٠	ŀ	
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3	х	
	See Part II			
				:
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
-	If you answered "No" to any of the above, please explain If you need more space, use Part II.	<u> </u>	 	1
	, , ,		,	'
		١.	•	
5	Does the organization discriminate by race in any way with respect to.			.
а	Students' rights or privileges?	5a		х
	Admissions policies?	5b	 	х
	Employment of faculty or administrative staff?	5c		х
	Scholarships or other financial assistance?	5d		х
	Educational policies?	5e		х
	Use of facilities?	5f	ļ	х
	Athletic programs?	5g		х
-	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	 6a		
	Has the organization's right to such aid ever been revoked or suspended?	6b		х
~	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	7	<u>x</u>	
	1.64 1.166. 16.66, 16.76.2.6.6 Governing radial monadominination: in Tro, explain on that in			

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

Schedule E (Form 990 or 990-EZ) 2016

Schedule E (Form 990 or 990-EZ) 2016 Earlham College	35-0868073	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as applicable	
Also provide any other additional information		
Time 2. Dominantias of Wardingstine Delies		
Line 3 - Explanation of Nondiscrimination Policy:	 	
Earlham does not actively solicit students via newspaper or		
broadcast media. In its catalog and other general written		
, and the same of		
communication available to the general public, it publicizes		
its racially non-discriminatory policy. Being a Quaker		
institution, Earlham College has had a long history of		
nondiscrimination. This fact is well known in the general community it		
serves.		
	·	
Line 6 - Explanation of Government Financial Aid:		
Earlham participates in the federal Title IV financial aid program for its		
students,		

	-	
		

SCHEDULE F (Form 990)

Name of the organization

Statement of Activities Outside the United States

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

h ► Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Inspection

OMB No 1545-0047

Earlham College 35-0868073 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees. expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in the region in the region in the region East Asia and the Pacific 0 Program Services Study abroad program 323,460. Europe (Including Iceland & Greenland) 0 Study abroad program Program Services 337,142. 0 Program Services North America Study abroad program 32,686. 0 66,500. South America Program Services Study abroad program South Asia 0 Program Services Study abroad program 72,533. Central America and the Caribbean n Program Services Study abroad program 13,205. o 0 845,526. 3 a Sub-total b Total from continuation 0 0 0. sheets to Part I c Totals (add lines 3a 0 845,526. and 3b)

· Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

Earlham College

Schedule F (Form 990) 2016

Part II

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

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

- Page 3

Schedule F (Form 990) 2016 Earlham College

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2016
(h) N va (boc appra	:			·		lule F (For
(g) Description of noncash assistance						Schec
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region					-	
(a) Type of grant or assistance (b) Region						

		(Form 990) 2016 Earlham College	35-0868073	Page 4
Par	IV	Foreign Forms		
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	x No
2	may	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign sts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
		st With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund a Instructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see ructions for Form 5713; do not file with Form 990)	☐ Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

632075 09-21-16

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047 2016

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

Name of the organization							Employer identification number
ŀ	ge						35-0868073
Part I General Information on Grants and Assistance	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	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d 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	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	ınızatıon answered "\	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Earlham Foundation 801 National Road West Richmond, IN 47374	35-6014491	501(c)(3)	6,773,209.	.0			Hold and invest gifts
							•
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or	ganizations listed in the table	he line 1 table				1.

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

Schedule I (Form 990) (2016)

Schedule 1 (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Open to Public Inspection

OMB No 1545-0047

16

Name of the organization

Department of the Treasury Internal Revenue Service

Earlham College

Part I Questions Regarding Compensation

Employer identification number 35-0868073

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as, 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	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	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			
	X Compensation committee X Written employment contract			
	Independent compensation consultant		•	
	Form 990 of other organizations X Approval by the board or compensation committee			
		·	•	Į
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		·	لنــــ
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
		•		1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ì
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	*		1
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		<u>x</u>
	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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Page 2

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 aren't listed on Form 990, Part VII

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

		(B) Breakdown of W-2	V-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation			in column (B) reported as deferred
			compensation	compensation				on prior Form 990
(1) John David Dawson	Ξ	328,929.	0	0.	32,893.	21,037.	382,859.	0.
President	<u> </u>	0.	0	0	0	0	0	0.
(2) Gregory Mahler	(i)	178,851.	0	.0	17,885.	10,662.	207,398.	0
VP of Academic Affairs	€	0	0	.0	0	0	0.	0.
(3) Sena Landey	Ξ	178,042.	0	0.	17,804.	10,738.	206,584.	0.
VP of Finance & Admin.	(II)	0	0	0	0	0	0	0
(4) Laura Hutchinson	(E)	132,368.	0.	0	13,237.	11,915.	157,520.	0.
VP Student Dev & Dean	(ii)	0	0	0	0	0	.0	0.
(5) Avis Stewart	(i)	204,930.	0.	2,331.	0	6,500.	213,761.	0.
VP Community Relations	(ii)	0	0	0	0.	0	0	0.
(6) Jay Marshall	Ξ	126,038.	0	0	12,604.	11,855.	150,497.	0.
VP & Dean of ESR	(ii)	0	0	0	0.	0	0	0
(7) Jonathan Stroud	(i)	179,988.	0	.066,9	18,698.	909'6	215,282.	0.
VP for Enrollment & Comm.	(ii)	0.	0.	0	0	0	0	0
(8) Phillip Morgan	(:)	171,544.	0	.0	17,154.	12,783.	201,481.	0
Chief Investment Officer	(ii)	0.	0.	0.	0	0	0	0.
	(ε)							
	(ii)							
	Ξ							
	▣							
	Ξ							
	(1)							
	Ξ							
	<u> </u>	:						
	Ξ							
	⊞							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	<u>(ii)</u>							

Schedule J (Form 990) 2016

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016 Open to Public Inspection

OMB No 1545-0047

Employer identification number

explanations, and any additional information in Part VI.

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

(i) Pooled ž × × × Yes ŝ ĝ (g) Defeased (h) On behalf ŝ ۵ ۵ of issuer × × × Yes Yes Yes 35-0868073 ŝ × × × 10,113,854 14,000,000 196,504 689,639 Yes × ŝ ŝ 2016 Construction/Renovation/E xpansion/Refunding of 199 onstruction/Renovation/E kpansion/Refunding of 199 Projects/Refunding of 200 O ပ (f) Description of purpose Yes Yes × × × Snergy Savings ,500. 11,852,255. ë. 4,984,109, 62,891,620, 4,443,023, 46,066,181 × No ŝ 2014 292, Ω 8 682. 62,764,109. 14,000,000. Yes Yes × × × × (e) Issue price 15,661, ,056. 010, 12 4,771,692 2,448,000 13,536,071 × × ŝ ŝ 109 2010 16,138 ⋖ (d) Date issued Yes Yes 06/28/07 01/30/13 04/20/15 × × × Part VI for Column (f) Continuations (c) CUSIP # 54795CTO 45506DEP6 Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of None Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 35-1602316 35-1602316 35-1611409 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? See Working capital expenditures from proceeds Earlham College IN Health & Educational Facility Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds B Indiana Finance Authority C Indiana Finance Authority Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III | Private Business Use (a) Issuer name Other unspent proceeds Amount of bonds retired A Financing Authority Total proceeds of Issue Other spent proceeds Bond Issues Part II Proceeds Part က 4 വ 9 ω O 우 읻 5 4 5 9 N 4

Schedule K (Form 990) 2016

×

×

×

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Schedule K (Form 990) 2016 Earlham College	İ		35-0868073	68073				Page 2
Part III Private Business Use (Continued)								
		4		8		O-		
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	°Z ×	Yes	oZ ×	Yes	S ×	Yes	٥ ا
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?		×		×		×		
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		1.74 %		%		%		%
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						ï		;
		ء ا	:	%		%		%
		2.61 %		%		%		%
7 Does the bond issue meet the private security or payment test?		×		×		×		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
- 1		×		×		×		
 b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of 		8		8		%		%
								2
c if Yes to line ba, 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?	×		×		×			
Part IV Arbitrage								
	A	1	1	В		င	O	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	Ñ	Yes	٥N	Yes	No
Penalty in Lieu of Arbitrage Rebate?		x		×		×		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×	×		x			
b Exception to rebate?		×		×		x		
c No rebate due?	х			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?		×		×	×			
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?								
632122 10-19-16						Sch	Schedule K (Form 990) 2016	m 990) 2016

Schedule K (Form 990) 2016 Earlham College			35-08	35-0868073				Page 3
Part IV Arbitrage (Continued)								
		A		8	ŀ	S)	-	٥
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	Yes	°Z ×	Yes	٥ ×	Yes	۶ ×	Yes	2
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		×		
7 Has the organization established written procedures to monitor the requirements of section 148?	×		X		×			
Part V Procedures To Undertake Corrective Action								
	V			8		S	<u> </u>	
	Yes	No	Yes	٥	Yes	Ŷ	Yes	N _o
Has the organization established written procedures to ensure that violations of								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×		×			
Part VI: Supplemental Information. Provide additional information for responses to questions on Schedule K	on Schedul	e K See instructions	uctions					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name: IN Health & Educational Facility Financing Authority								
(f) Description of Purpose								
Construction/Renovation/Expansion/Refunding of 1998 Bonds								
(f) Description of Purpose.								
Construction/Renovation/Expansion/Refunding of 1998 and 2004 Bonds								
(f) Description of Purpose:								
Energy Savings Projects/Refunding of 2007 Bonds								
edule K, Part IV, Arbitrage, Line 2c:			F					
(a) Issuer Name: IN Health & Educational Facility Financing Authority								
Date the Rebate Computation was Performed: 09/01/2012								
	ŀ							
632123 10-19-16						Scl	Schedule K (Form 990) 2016	m 990) 2016

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

2016

Open To Public Inspection

OMB No 1545-0047

of the Treasury Attach to Form 990.

Earlham College

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

Employe

Employer identification number

35-0868073

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determ noncash contribution		to.
		applicable		Form 990, Part VIII, line 1g	Horicash contribution	amoun	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications					•	
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes			·			
8	Intellectual property				,		
9	Securities - Publicly traded	х	17	479,481.	Stock listing		
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	Х	2	2,757,702.	Appraisals		
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy		•				
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()		×				
28	Other (
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29		0	
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date	e of the initia	il contribution, and	I which isn't required to be u	sed for	<u> </u>	
	exempt purposes for the entire holding period'	?			30a	ļ	Х.,
b	If "Yes," describe the arrangement in Part II.						لــــا
31	Does the organization have a gift acceptance i					Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				32a	X	<u> </u>
	If "Yes," describe in Part II					· '	,]
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y tor which column (a) is che	cked,	-	
	describe in Part II					1	

Schedule M (Form 990) (2016) Earlham College	35-0868073	Page 2
Part II. Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information	b, and 33, and whether the orgal, , or a combination of both. Also c	nization
Schedule M, Part I, Column (b):		
The number of contributions reported is the number of contributions		
made, not the number of items contributed.	· · · · · · · · · · · · · · · · · · ·	.
made, not the named of feeting contracted.		
Schedule M, Line 32b:	-	-
The Purdue Foundation and Schrader Auctions were used to process the		-
real estate donations.		

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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 Q (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 16

Employer identification number

35-0868073

Inspection

Earlham College	35-0868073
Amended Return:	
The Form 990 is amended to properly report the investment assets held	
by Earlham Foundation, a related organization, for Earlham College.	······································
The following lines were updated:	
- Page 1 Header	10.5 4.17
- Page 1, Item G, Principal officer	
- Part I, Line 7b	
- Part II, Signor	
- Part III, Line 4a	
- Part IV, Lines 11b and 11d	
- Part VIII, Line 1d	
- Part VIII, Line 3	
- Part VIII, Lines 7a, 7b, 7c - Part IX, Line 1	· · · · · · · · · · · · · · · · · · ·
- Part IX, Line 11f	· •m·
- Part X, Line 2	
- Part X, Line 11	
- Part X, Line 12	
- Part X, Line 15	
- Part XI, Line 5	
- Schedule A, Part II, Line 1, column (d) and (e)	****
- Schedule A, Part II, Line 5	
- Schedule A, Part II, Line 8, column (d) and (e)	
- Schedule A, Part II, Line 14	
- Schedule A Part II Line 15	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Earlham College	Employer identification number 35-0868073
- Schedule B	
- Schedule D, Part V, Lines 1 and 2	
- Schedule D, Part VII	
- Schedule D, Part IX	
- Schedule F, Part I	
- Schedule F, Part IV, Line 5	
- Schedule I, Part II, column (d)	
Form 990, Part III, Line 1, Description of Organization Mission	
The College provides extensive opportunities for students and faculty	
to learn from each other in a cooperative community, an important	
aspect of which is collaborative student/faculty research. At Earlham,	
College education is carried on with a concern for the world in which	
we live and for improving human society. Therefore, Earlham stresses	
global education, peaceful resolution of conflict, equality of persons,	
and high moral standards of personal conduct.	
Form 990, Part V, Line 4b, List of Foreign Countries:	
United Kingdom, Germany, Austria, Japan,	
Ireland, France, Spain, New Zealand	
Form 990, Part VI, Section A, line 1.	
The Executive Committee has and may exercise all of the authority of the	
Board of Trustees in the management of the Corporation's affairs during	
intervals between the meetings of the Board of Trustees, provided that the	
any official action taken by the Executive Committee on behalf of Earlham	
or the Board (a) is consistent with existing Board policies or prior	
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)

Name of the expensions	Page 2
Name of the organization Earlham College	Employer identification number 35-0868073
Form 990, Part XII, Line 2c	
The organization's audit committee assumes responsibility for oversight	
of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the prior	
year.	

SCHEDULE R (Form 990)

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

► Attach to Form 990.

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

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

Earlham College

Name of the organization

Part

Department of the Treasury Internal Revenue Service

2016 Open to Public Inspection

OMB No 1545-0047

Employer identification number

35-0868073

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled ŝ × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling Earlham College entity End-of-year assets status (if section 501(c)(3)) Public charity Line 12a, I e Total income Exempt Code € section 501(c)(3) ত্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) Indiana Supporting organization Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization Earlham Foundation - 35-6014491 of disregarded entity 801 National Road West Richmond, IN 47374 Part II

35-0868073

Schedule R (Form 990) 2016

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 III

(a)	(q)	(2)	(p)	(e)	£	(b)	(£)	Θ	8	(¥)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Sha =	Share of end-of-year	onate s?	Code V-UBI amount in box	General or managing partner?	Pe o y
		country)		sections 512-514)		dasces	Yes No	K-1 (Form 1065)	Yes	
										•
	T									
	—									
	ī									
										
	T									
	—									
	1								<u>.</u>	
	T									
	T									

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 IV

organizations deated as a corporation of those during the tax year.	Jilliy IIIe tak yeal.								
(a)	(q)	(၁)	(p)	(e)	Θ	1	(F)	€,	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling Type of entity (C corp., S corp.	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage 512(bx13) ownership controlled entity?	Section 512(b)('Controll's entity	7 (13)
		country)		OI tidat)			<u></u>	Yes	<u>8</u>
Charitable Remainder Trusts (5)	Trust	IN	N/A	TRUST					×
	Y								
	•								
								_	
								r	
							-		
								 	

Schedule R (Form 990) 2016

632162 09-06-16

Page 3

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

				ľ		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ટ
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?	s with one or more re	lated organizations listed	in Parts II-IV?			
				1a	Ĭ	×
 b Gift, grant, or capital contribution to related organization(s) 				1 P		×
c Gift, grant, or capital contribution from related organization(s)				၁	×	
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				9		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				₽ E		×
h Purchase of assets from related organization(s)				₽		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				1-		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ŧ	×	
o Sharing of paid employees with related organization(s)				ę	×	
p Reimbursement paid to related organization(s) for expenses				٩	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				 		×
s Other transfer of cash or property from related organization(s)				\$		×
s for info	tho must complete the	is line, including covered	rmation 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	olved		
(1) Earlham Foundation	٥	0.				
(2) Earlham Foundation	N	0				
(3) Earlham Foundation	0	0.				
(4) Earlham Foundation	Ĉ,	0.				
(5)						

Schedule R (Form 990) 2016

(**6**) 632163 09-06-16

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

මු යු			l		l				9
Code V-UBI Ceneral or Percentage amount in box 20 managing ownership of Schedule K-1 panner? (Form 1065) Yes No									Schedule R (Form 990) 2016
9 6 0						 			rm 9
(i) General or managing partner? Yes No							····		3 (Fo
-25-(6								_	lule F
(i) e V-UB t in boy edule b									chec
Code Count Sche Form								i	S
s au					<u> </u>				
(h) Disproportional dispressional						-			
of year									
(g) Share of end-of-year assets									
% =									
		<u>.</u>							
_ o_ e									
(f) Share of total income									
0 -									
= 38.65 2									
Are all partners sec 501(c)(3) orgs ?									
Predominant income particulated, unrelated, excluded from tax undersections 512-514)									
t inco relate tax u 12-51									
(d) minan ed, un I from nns 51									
redor (relate sludec sectio									
exo.									
c) lomicile r foreign ntry)									
(c) gal domic ate or fore country)						•			
(c) Legal domicile (state or foreign country)									
						-			
ıξ									
(b) Primary activity									
(b)									
Pri									
		111					 	1 1 1	
						$ \ \ \ \ $		$ \ \ \ $	
<u>z</u>	$ \ \ \ $					$ \ \ \ \ $			
(a) Name, address, and EIN of entity	$ \ \ \ $								
iss, a									
(a) tddres of ent									
me, a						$ \ \ \ \ $			
Nai									
	$\mid \mid \mid \mid \mid \mid$							[

Schedule F	R (Form 990) 2016 Earlham College	35-0868073	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions		
		 	
			
		·	<u> </u>
			
	an an managed di	**-	
			
	 		
			
·			