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Form **990**

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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ENDICOTT COLLEGE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
376 HALE STREET

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY, MA 01915

D Employer identification number
04-2103567

E Telephone number
(978) 232-2384

G Gross receipts $ 167,975,276

F Name and address of principal officer:
STEVEN DISALVO
376 HALE STREET
BEVERLY, MA 01915

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ENDICOTT.EDU

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1939

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
UNDERGRADUATE AND GRADUATE EDUCATION. (CONTINUED ON SCHEDULE O). ENDICOTT INTEGRATES PROFESSIONAL AND LIBERAL ARTS WITH EXPERIENTIAL LEARNING INCLUDING INTERNSHIPS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,357
6	Total number of volunteers (estimate if necessary)	6	221
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,286,517
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,312,936	5,202,385
	9	Program service revenue (Part VIII, line 2g)	158,259,839	152,961,106
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,123,857	3,355,930
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	776,026	566,936
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,472,658	162,086,357
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,970,862	40,068,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	63,664,900	66,785,605
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,710,355		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,443,138	42,825,084
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,078,900	149,679,189
	19	Revenue less expenses. Subtract line 18 from line 12	19,393,758	12,407,168

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	391,074,969	399,754,172
	21	Total liabilities (Part X, line 26)	120,991,510	126,596,107
	22	Net assets or fund balances. Subtract line 21 from line 20	270,083,459	273,158,065

Part II Signature Block

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

Sign Here

****** 2021-05-12
Signature of officer Date

ANTHONY FERULLO VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01390592
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
Firm's address ▶ 75 STATE STREET BOSTON, MA 02109			Phone no. (617) 723-7900	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ENDICOTT COLLEGE OFFERS STUDENTS A VIBRANT ACADEMIC ENVIRONMENT THAT REMAINS TRUE TO ITS FOUNDING PRINCIPLE OF INTEGRATING PROFESSIONAL AND LIBERAL ARTS WITH EXPERIENTIAL LEARNING. FOR MORE INFORMATION SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 97,448,956 including grants of $ 39,901,833) (Revenue $ 144,741,477)

See Additional Data

4b (Code:) (Expenses $ 12,549,980 including grants of $ 0) (Revenue $ 0)

See Additional Data

4c (Code:) (Expenses $ 14,305,918 including grants of $ 0) (Revenue $ 104,601)

See Additional Data

(Code:) (Expenses $ 7,957,110 including grants of $ 166,667) (Revenue $ 8,115,028)

CONFERENCE AND EDUCATION SERVICES/OTHER

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

(Expenses $ 7,957,110 including grants of $ 166,667) (Revenue $ 8,115,028)

4e **Total program service expenses ▶** 132,261,964

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	289			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,357			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ANTHONY FERULLO 376 HALE STREET BEVERLY, MA 019152096 (978) 232-2384

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,317,548	0	514,567

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 104

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP 60 SOUTH STREET BOSTON, MA 02111	ACCOUNTING	172,832
TELSERV 7 PROGRESS DRIVE CROMWELL, CT 06416	TECHNOLOGY	142,195
EDGEPRO FLOORING 248 SOUTH MAIN STREET MIDDLETON, MA 01949	FLOORING	132,177
HOLLAND & KNIGHT LLP 10 ST JAMES AVE STE 1200 BOSTON, MA 02116	LEGAL	114,914
LONGROAD ENERGY HOLDINGS 3815 E THOUSAND OAKS BLVD WESTLAKE VILLAGE, CA 91362	SOLAR ENERGY	112,937

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

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns . .	1a					
b Membership dues . .	1b					
c Fundraising events . .	1c	97,122				
d Related organizations	1d					
e Government grants (contributions)	1e	2,779,001				
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,326,262				
g Noncash contributions included in lines 1a - 1f:$	1g	63,492				
h **Total.** Add lines 1a-1f . . . . ▶			5,202,385			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a TUITION AND FEES	611710	114,756,716	114,756,716		
b RESIDENCE AND DINING	721000	30,595,943	30,595,943		
c CONFERENCE & EDUCATION SERVICES	611710	6,119,679	209,227	5,910,452	
d ATHLETICS	900099	433,112	54,737	378,375	
e PARKING FINES	900099	330,740	330,740		
f All other program service revenue.		724,916	724,916		
g **Total.** Add lines 2a–2f. . . . . ▶		152,961,106			

Other Revenue				(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶				3,137,551		-2,310	3,139,861
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties . . . . ▶							
		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss) . . . . ▶							
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	6,021,849					
b Less: cost or other basis and sales expenses	7b	5,803,470					
c Gain or (loss)	7c	218,379					
d Net gain or (loss) . . . . ▶				218,379			218,379
8a Gross income from fundraising events (not including $ 97,122 of contributions reported on line 1c). See Part IV, line 18	8a	41,213					
b Less: direct expenses . . .	8b	85,449					
c Net income or (loss) from fundraising events . . ▶				-44,236			-44,236
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a						
b Less: direct expenses . . .	9b						
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances . .	10a						
b Less: cost of goods sold . .	10b						
c Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue	Business Code						
11a PRIOR DEFERRED REVENUE EARNED	900099			271,000	271,000		
b CHAPEL	900099			96,592	96,592		
c BOOKSTORE COMMISSIONS	900099			89,247	89,247		
d All other revenue				154,333	154,333		
e **Total.** Add lines 11a–11d . . . . ▶				611,172			
12 **Total revenue.** See instructions . . . . . ▶				162,086,357	147,283,451	6,286,517	3,314,004

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 . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	166,667	166,667		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,019,365	38,019,365		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,882,468	1,882,468		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,843,397	909,476	882,773	51,148
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	116,229	116,229		
7 Other salaries and wages	50,161,466	43,120,445	6,165,172	875,849
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,921,272	2,492,604	374,462	54,206
9 Other employee benefits	8,142,035	7,016,297	984,884	140,854
10 Payroll taxes	3,601,206	3,047,119	489,368	64,719
11 Fees for services (non-employees):				
a Management	4,571,484	4,571,484		
b Legal	80,510		79,981	529
c Accounting	115,683		115,683	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	306,226		306,226	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,739,716	1,711,222	1,879,851	148,643
12 Advertising and promotion	535,733	276,000	247,285	12,448
13 Office expenses	2,465,201	2,013,339	394,586	57,276
14 Information technology	1,956,486		1,956,486	
15 Royalties				
16 Occupancy	4,041,540	3,841,384	158,687	41,469
17 Travel	913,704	741,031	142,955	29,718
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,601,118	2,492,140	101,939	7,039
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,854,190	8,483,230	347,001	23,959
23 Insurance	1,231,190	1,186,231	44,959	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	6,105,528	5,964,720	119,817	20,991
b SERVICE/SUPP. CONTRACTS	1,476,156	1,260,134	216,022	
c SMALL/ NON-CAP. EQUIP	730,349	666,993	62,665	691
d PRINTING/PUBLICATIONS	724,341	524,837	131,771	67,733
e All other expenses	2,375,929	1,758,549	504,297	113,083
25 **Total functional expenses.** Add lines 1 through 24e	149,679,189	132,261,964	15,706,870	1,710,355
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			21,499,598	1	23,447,743
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			2,159,093	3	1,693,958
	4	Accounts receivable, net			3,151,807	4	3,123,948
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			0	6	
	7	Notes and loans receivable, net			0	7	
	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			717,891	9	682,405
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	360,105,827			
	b	Less: accumulated depreciation	10b	90,202,202	262,834,742	10c	269,903,625
	11	Investments—publicly traded securities			79,821,431	11	85,666,651
	12	Investments—other securities. See Part IV, line 11			15,961,612	12	15,084,231
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			4,928,795	15	151,611
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			391,074,969	16	399,754,172
Liabilities	17	Accounts payable and accrued expenses			9,096,527	17	7,118,701
	18	Grants payable			0	18	
	19	Deferred revenue			9,993,237	19	14,885,727
	20	Tax-exempt bond liabilities			81,136,636	20	79,130,883
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties			12,530,305	23	14,754,498
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			8,234,805	25	10,706,298
	26	**Total liabilities.** Add lines 17 through 25			120,991,510	26	126,596,107
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			255,662,747	27	258,164,224
	28	Net assets with donor restrictions			14,420,712	28	14,993,841
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			270,083,459	32	273,158,065
	33	Total liabilities and net assets/fund balances			391,074,969	33	399,754,172

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,086,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,679,189
3	Revenue less expenses. Subtract line 2 from line 1	3	12,407,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	270,083,459
5	Net unrealized gains (losses) on investments	5	-3,813,342
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	-5,519,220
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	273,158,065

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION AND AUXILIARY SEE SCHEDULE O. *EDUCATION AND AUXILIARY*ENDICOTT'S UNDERGRADUATE COLLEGE OFFERS BACHELOR OF FINE ARTS, BACHELOR OF ART, AND BACHELOR OF SCIENCE DEGREES. TRADITIONAL UNDERGRADUATE ENROLLMENT FOR FALL 2019 WAS 2,889 STUDENTS. ENDICOTT'S GRADUATE AND VAN LOAN PROFESSIONAL STUDIES PROGRAMS GRANT ASSOCIATE IN ARTS, ASSOCIATE IN SCIENCE, BACHELOR OF ARTS, BACHELOR OF SCIENCE, MASTER OF ARTS, MASTER OF EDUCATION, MASTER OF SCIENCE, MASTER OF BUSINESS ADMINISTRATION, DOCTOR OF EDUCATION AND DOCTOR OF PHILOSOPHY DEGREES. THE GRADUATE AND VAN LOAN PROFESSIONAL STUDIES PROGRAMS ENROLLMENT, INCLUDING PROGRAMS BEVERLY AND BOSTON, MASSACHUSETTS, MADRID, SPAIN, AND LEYSIN, SWITZERLAND WAS 2,177 STUDENTS AS OF FALL 2019. IN ADDITION TO DEGREE PROGRAMS, PROFESSIONAL DEVELOPMENT PROGRAMS AND CONSULTING ARE OFFERED. ENDICOTT COLLEGE'S ACADEMIC OFFERINGS PROVIDE UNDERGRADUATES WITH AN ENRICHING AND CHALLENGING EDUCATIONAL EXPERIENCE. STUDENTS SELECT FROM A BROAD ARRAY OF MAJOR AND MINOR PROGRAM OFFERINGS WHICH ARE AUGMENTED BY COURSEWORK IN THE LIBERAL ARTS AND REQUIRED EXPERIENTIAL LEARNING OPPORTUNITIES WITHIN THEIR PROFESSIONAL AREAS OF STUDY.OF THE TOTAL UNDERGRADUATE ENROLLMENT, NEARLY 93% LIVE ON CAMPUS. THE COLLEGE OFFERS A LARGE VARIETY OF RESIDENCE HALL OPTIONS, RANGING FROM TRADITIONAL TO APARTMENT-STYLE HOUSING. FACILITIES CONSIST OF CONVERTED MANSIONS, SMALL HOUSES, TOWNHOUSES, AND LARGER RESIDENCE HALLS. FOR THE FALL 2019 SEMESTER, 2,681 STUDENTS WERE RESIDENTIAL STUDENTS, INCLUDING 126 STUDENTS WHO WERE STUDYING ABROAD AND EXPECTED BACK IN THE SPRING SEMESTER. ALL RESIDENT STUDENTS ON CAMPUS MUST ENROLL IN ONE OF FOUR MEAL PLANS OFFERED DURING THE ACADEMIC YEAR. DINING OPTIONS INCLUDE A LARGE DINING HALL, TWO CAFES, AND A LODGE.

Form 990, Part III, Line 4b:

ACADEMIC SUPPORT SEE SCHEDULE O. *ACADEMIC SUPPORT*ENDICOTT OFFERS STUDENTS VARIOUS PROGRAMS AND FACILITIES TO ENHANCE AND ENCOURAGE THEIR ACTIVE PARTICIPATION IN THE INTELLECTUAL LIFE OF THE COLLEGE AND PROMOTE THEIR SUCCESSFUL PERFORMANCE IN THE CLASSROOM. THIS IS ACCOMPLISHED THROUGH STATE-OF-THE-ART ACADEMIC TECHNOLOGY, THE DIANE M. HALLE LIBRARY, ACADEMIC ADMINISTRATION, ACADEMIC RESOURCES AND STUDENT SUCCESS, AND THE SINGLE PARENT PROGRAM.

Form 990, Part III, Line 4c:

STUDENT SERVICES SEE SCHEDULE O. *STUDENT SERVICES* STUDENT SERVICES SUPPORT THE ACADEMIC AND PERSONAL DEVELOPMENT OF EACH STUDENT THROUGH A VARIETY OF OFFICES AND PROGRAMS, INCLUDING STUDENT ACTIVITIES, PERSONAL COUNSELING, HEALTH, COMMUNITY SERVICE, AND ATHLETIC PROGRAMS. EXPERIENCE BEYOND THE CLASSROOM SETTING AFFORDSSTUDENTS WITH OPPORTUNITIES TO GAIN A GREATER UNDERSTANDING AND APPRECIATION OF SELF, OTHERS, AND THE WORLD AROUND THEM. THE STUDENT AFFAIRS DIVISION IS DESIGNED TO COMPLEMENT AND SUPPLEMENT THE ACADEMIC EXPERIENCE OF EVERY STUDENT. OTHER FUNCTIONS INCLUDED IN STUDENT SERVICES INCLUDE THE ADMISSIONS, FINANCIAL AID, REGISTRAR, AND CAREER DEVELOPMENT. BOOKSTORE AND VENDING REVENUE IS CONSIDERED RELATED TO STUDENT SERVICES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KATHLEEN H BARNES INT PRES(THRU 6/19)/PROV(THRU 6/20)	60.00 0.00			X				323,211	0	77,773
EVAN LIPP VP ADMISSION/FINANCIAL AID	50.00 0.00				X			312,844	0	48,272
DAVID VIGNERON VP INSTITUTIONAL ADVANCEMENT	50.00 0.00					X		244,856	0	50,498
ANTHONY FERULLO VP OF FINANCE	50.00 0.00			X				242,181	0	64,039
KAREN ABBOTT GENERAL COUNSEL	50.00 0.00					X		224,473	0	52,589
STEVEN R DISALVO PRESIDENT (AS OF 07/2019)	60.00 0.00	X		X				216,292	0	44,718
BRIAN WYLIE ASST VP/DIRECTOR OF ATHLETICS	40.00 0.00					X		201,043	0	51,573
LAURA ROSSI-LE VP AND DEAN OF COLLEGE	50.00 0.00				X			200,085	0	47,098
SARA QUAY DEAN, SCHOOL OF EDUCATION	40.00 0.00					X		182,721	0	35,422
CHRYSTAL PORTER ASSOCIATE PROVOST	40.00 0.00					X		169,842	0	42,585

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
THOMAS J ALEXANDER TRUSTEE	2.00 0.00	X						0	0	0
SAMUEL CABOT III TRUSTEE	2.00 0.00	X						0	0	0
CHAD CRANDELL TRUSTEE - TREASURER	3.00 0.00	X		X				0	0	0
ALISA DE GASPE BEAUBIEN TRUSTEE	2.00 0.00	X						0	0	0
F SAMUEL EBERTS III TRUSTEE	1.00 0.00	X						0	0	0
R ROBERT FANNING JR TRUSTEE	2.00 0.00	X						0	0	0
PETER FLAHERTY TRUSTEE (AS OF 06/2020)	2.00 0.00	X						0	0	0
NANCY FRATES TRUSTEE	2.00 0.00	X						0	0	0
PATRICIA HEFTLER TRSUTEE	2.00 0.00	X						0	0	0
MELISSA HEMPSTEAD TRUSTEE - VICE CHAIR	3.00 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM F HOWARD TRUSTEE	3.00 0.00	X						0	0	0
RICHARD HUTCHINSON TRUSTEE	1.00 0.00	X						0	0	0
VIRGINIA JUDGE TRUSTEE	2.00 0.00	X						0	0	0
MICHELLE LABOSSIERE TRUSTEE - CLERK	3.00 0.00	X		X				0	0	0
JOHN MACNEIL TRUSTEE	2.00 0.00	X						0	0	0
MARSHA MCDONOUGH TRUSTEE	2.00 0.00	X						0	0	0
CYNTHIA MERKLE TRUSTEE - CHAIR	3.00 0.00	X		X				0	0	0
AYUNE MICHEL TRUSTEE	1.00 0.00	X						0	0	0
JON PAYSON TRUSTEE (AS OF 06/2020)	2.00 0.00	X						0	0	0
MYRT HARPER ROSE TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ERNEST M SANTIN TRUSTEE	2.00 0.00	X						0	0	0
JOANNA SCHULMAN TRUSTEE	2.00 0.00	X						0	0	0
ELIZABETH SCHWARTZ TRUSTEE	2.00 0.00	X						0	0	0
DOUGLAS SEYMOUR TRUSTEE	3.00 0.00	X						0	0	0
W THOMAS SPENCER JR TRUSTEE	2.00 0.00	X						0	0	0
MICHAEL SHEEHAN TRUSTEE	2.00 0.00	X						0	0	0
STEVEN TADLER TRUSTEE	2.00 0.00	X						0	0	0
ANTHONY J VENUTI TRUSTEE	2.00 0.00	X						0	0	0
SHEILA WALSH TRUSTEE	2.00 0.00	X						0	0	0
CHARLENE I WAX TRUSTEE	2.00 0.00	X						0	0	0

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,410,507	4,425,226	4,790,848	4,312,935	5,202,385	22,141,901
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	3,410,507	4,425,226	4,790,848	4,312,935	5,202,385	22,141,901
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) . .						235,376
6 **Public support.** Subtract line 5 from line 4.						21,906,525

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	3,410,507	4,425,226	4,790,848	4,312,935	5,202,385	22,141,901
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	1,616,260	1,405,767	2,277,153	3,155,942	3,139,861	11,594,983
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	400,138	77,613				477,751
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	820,293	851,476	852,903	844,585	647,301	4,016,558
11 **Total support.** Add lines 7 through 10						38,231,193

12 Gross receipts from related activities, etc. (see instructions) 12 670,520,749

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 57.300 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . 15 58.720 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
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 line 10b below.*	10a		
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		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI**.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING EVENTS - 2015 AMOUNT: $ 86,909. 2016 AMOUNT: $ 86,357. 2017 AMOUNT: $ 85,807. 2018 AMOUNT: $ 73,634. 2019 AMOUNT: $ 41,213. OTHER MISCELLANEOUS - 2015 AMOUNT: $ 587,183 . 2016 AMOUNT: $ 567,789. 2017 AMOUNT: $ 492,845. 2018 AMOUNT: $ 561,772. 2019 AMOUNT: $ 4 15,237. RETAINED DEPOSITS - 2015 AMOUNT: $ 0. 2016 AMOUNT: $ 0. 2017 AMOUNT: $ 98,277. 201 8 AMOUNT: $ 77,713. 2019 AMOUNT: $ 86,250. VENDING COMMISSIONS - 2015 AMOUNT: $ 62,932. 20 16 AMOUNT: $ 82,330. 2017 AMOUNT: $ 90,518. 2018 AMOUNT: $ 78,799. 2019 AMOUNT: $ 15,354. BOOKSTORE COMMISSION - 2015 AMOUNT: $ 83,269. 2016 AMOUNT: $ 115,000. 2017 AMOUNT: $ 85,45 6. 2018 AMOUNT: $ 52,667. 2019 AMOUNT: $ 89,247.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ▶ $ ____________

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

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

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	95,672,750	88,721,853	79,002,338	67,161,904	64,555,615
b Contributions	3,050,263	3,334,842	4,804,183	4,564,505	4,150,853
c Net investment earnings, gains, and losses	-1,126,850	3,924,956	5,186,591	7,532,489	-1,297,073
d Grants or scholarships	280,343	308,901	271,259	256,560	247,491
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	97,315,820	95,672,750	88,721,853	79,002,338	67,161,904

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

a Board designated or quasi-endowment ▶ 88.500 %

b Permanent endowment ▶ 10.300 %

c Temporarily restricted endowment ▶ 1.200 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		10,884,132		10,884,132
b Buildings		320,728,567	69,429,821	251,298,746
c Leasehold improvements				0
d Equipment		26,861,996	20,772,381	6,089,615
e Other		1,631,132		1,631,132
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				269,903,625

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY - INTEREST RATE SWAPS	10,073,016
(3) REFUNDABLE ADVANCES - US GOV'T	633,282
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	10,706,298

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	115,549,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-3,813,342		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-3,813,342
3	Subtract line **2e** from line **1**			3	119,362,656
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	306,226		
b	Other (Describe in Part XIII.)	4b	42,417,475		
c	Add lines **4a** and **4b**			4c	42,723,701
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	162,086,357

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

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

1	Total expenses and losses per audited financial statements			1	109,471,115
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	109,471,115
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	306,226		
b	Other (Describe in Part XIII.)	4b	39,901,848		
c	Add lines **4a** and **4b**			4c	40,208,074
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	149,679,189

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	COLLECTIONS OF ART ENDICOTT COLLEGE DOES NOT HAVE A SEPARATE ART COLLECTION REPORTED IN THE FINANCIAL STATEMENT. HOWEVER, ENDICOTT'S HALLE LIBRARY HOUSES COLLECTIONS OF BOOKS, PERIODICALS, AND OTHER REFERENCE MATERIALS. THE ENDICOTT COLLEGE ARCHIVES ARE ALSO A PART OF HALLE LIBRARY. THE PURPOSE OF THE ARCHIVES IS TO PRESERVE AND INTERPRET THE HISTORY OF THE COLLEGE. THIS IS ACCOMPLISHED THROUGH A PERMANENT COLLECTION THAT INCLUDES, BUT IS NOT LIMITED TO, ARCHIVAL DOCUMENTS THAT CHRONICLE THE DEVELOPMENT OF THE COLLEGE, PHOTOGRAPHS, EPHEMERA, ORAL HISTORY, AND ARTIFACTS. THE ARCHIVES ENHANCE THE APPRECIATION AND UNDERSTANDING OF ENDICOTT COLLEGE'S HERITAGE, PRESERVING DOCUMENTATION OF THE EVOLUTION AND GROWTH OF THE INSTITUTION AND THE INFLUENCE THE INSTITUTION HAS WITHIN THE EXTENDED COMMUNITY. PART V, LINE 2: ENDICOTT COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATON OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2020 AUDITED FINANCIAL STATEMENTS CLASSIFY THE NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF PART V, LINE 2, ENDICOTT COLLEGE HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS A QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT DOWNMENT AND TEMPORARILY RESTRICTED ENDOWMENT, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDICOTT'S ENDOWMENT INCLUDES 123 FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING SC HOLARSHIPS, ACADEMIC PROGRAMS, AND ASSISTANCE TO STUDENTS WITH DISABILITIES. FUNDS RESTRIC TED TO SCHOLARSHIPS ARE AWARDED BASED ON A COMBINATION OF FINANCIAL NEED AND OTHER DONOR-S PECIFIED CRITERIA. 89% OF THE ENDOWMENT IS UNRESTRICTED. INCOME AND DIVIDENDS ARE REINVEST ED, AND APROPRIATIONS (DRAWS) ARE MADE ONLY FOR DONOR-STIPULATED PRUPOSES; THAT AMOUNT IS TYPICALLY LESS THAN 1% OF THE ENDOWMENT. GENERALLY, THE MAXIMUM DRAW IS NO GREATER THAN 5% OF THE AVERAGE FAIR VALUE OF EACH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT. IN 2020 THE AMOU NT APPROPRIATED WAS $280,343. ENDICOTT EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS EN DOWMENT TO MAINTAIN ITS PURCHASING POWER BY GROWING AT A RATE GREATER THAN PLANNED PAYOUTS . THE COLLEGE TRANSFERS OPERATNG FUNDS ON AN ANNUAL BASIS IN ORDER TO HELP BUILD THE ENDOW MENT. IN FISCAL YEAR 2020 A TOTAL OF APPROXIMATELY, $3,000,000 WAS ADDED.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNCERTAIN TAX POSITIONS THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 5 01(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE COLLEGE IS REQUIRED TO ASSESS UNCERTAIN TAX P OSITIONS AND HAS DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT ARE MATERIAL TO THE FIN ANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CHANGES IN LIABILITY FOR INTEREST SWAP 2,515,627. SCHOLARSHIPS 39,901,848.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 39,901,848.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990EZ* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	1	3			19,350,174
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	1	3			19,350,174

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

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

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

3 Enter total number of other organizations or entities . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ENDICOTT STUDENT AID	EUROPE (INCLUDING ICELAND & GREENLAND)	422	1,772,643	ACCT CREDIT			
ENDICOTT STUDENT AID	EAST ASIA AND THE PACIFIC	27	99,425	ACCT CREDIT			
ENDICOTT STUDENT AID	CENTRAL AMERICA AND THE CARIBBEAN	4	10,400	ACCT CREDIT			

Part IV Foreign Forms

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

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

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

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

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

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ACCOUNTING METHOD USED THE ACCOUNTING METHOD USED TO REPORT EXPENSES FOLLOWS THE ACCRUAL METHOD WHICH IS ALSO THE METHOD OF THE ORGANIZATION'S BOOKS AND RECORDS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	STUDY ABROAD	2,995,218
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	155,129

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD	44,338
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		14,273,021

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		1,772,643
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		99,425

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		10,400

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 **KEYS GOLF TOURN.** (event type)	**(b)** Event #2 **GULL GOLF TOURN.** (event type)	**(c)** Other events **1** (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	1 Gross receipts	56,573	43,487	38,275	138,335
	2 Less: Contributions	32,275	33,947	30,900	97,122
	3 Gross income (line 1 minus line 2)	24,298	9,540	7,375	41,213
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,571	7,930		34,501
	7 Food and beverages	149	6,794	19,391	26,334
	8 Entertainment				
	9 Other direct expenses	5,297	1,780	17,537	24,614
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				85,449
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-44,236

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

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

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

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

b If "No," explain: ____________

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

b If "Yes," explain: ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF BEVERLY 191 CABOT STREET BEVERLY, MA 01915		GOV'T	166,667				GENERAL SUPPORT

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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

Additional Data

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

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

ENDICOTT MERIT/ACADEMIC SCHOLARSHIP	2651	22,786,540			
ENDICOTT MERIT/ACADEMIC SCHOLARSHIP	2651	22,786,540			
ENDICOTT NEED-BASED SCHOLARSHIPS	2760	13,971,778			
SPECIAL/PRESIDENT'S DISCRETIONARY SCHOLARSHIP	34	446,680			
ENDOWMENT AND DONOR RESTRICTED SCHOLARSHIPS	254	366,636			
FEDERAL SEOG	184	179,159			

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

MA GILBERT GRANT/MA PT STUDENT GRANT	399	163,850			
MA GILBERT GRANT/MA PT STUDENT GRANT	399	163,850			
ENDICOTT YELLOW RIBBON	21	83,722			
ENDICOTT ROTC GRANT	4	21,000			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE STEVEN DISALVO LIVED IN ON-CAMPUS HOUSING FOR THE CONVIENCE OF ENDICOTT COLLEGE AND THE HOUSING IS THEREFORE NOT TAXABLE. THE RESIDENCE IS USED EXTENSIVELY FOR COLLEGE FUNCTIONS. STEVEN DISALVO'S FAMILY HAS NEVER LIVED IN THE ON-CAMPUS RESIDENCE PROVIDED TO HIM; HE MAINTAINS A PERSONAL RESIDENCE IN ANOTHER CITY. DR. BARNES SERVED AS INTERIM PRESIDENT FROM MAY 2018 THROUGH JUNE 2019 DR. BARNES LIVED IN ON-CAMPUS HOUSING FROM AUGUST 2018 THROUGH JUNE 2019 FOR THE CONVENIENCE OF ENDICOTT COLLEGE AND THE HOUSING IS THEREFORE NOT TAXABLE. THE RESIDENCE IS USED EXTENSIVELY FOR COLLEGE FUNCTIONS. DR. BARNES'S FAMILY HAS NEVER LIVED IN THE ON-CAMPUS RESIDENCE PROVIDED TO HER; SHE MAINTAINS A PERSONAL RESIDENCE IN ANOTHER CITY. THE VALUE OF THE HOUSING ALLOWANCE IS INCLUDED IN SCHEDULE J, PART II UNDER COLUMN (D) NONTAXABLE BENEFITS.
PART I, LINE 3	METHODS TO ESTABLISH COMPENSATION THE PRESIDENT IS COMPENSATED IN ACCORDANCE WITH A MULTI-YEAR COMPENSATION PLAN THAT IS BASED UPON RESEARCH ON COMPENSATION AWARDED TO PRESIDENTS IN SIMILAR INSTITUTIONS, TOGETHER WITH AN APPRAISAL OF THE PRESIDENT'S PERFORMANCE. THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD OF TRUSTEES ON AN ANNUAL BASIS. IN AUGUST 2015 AN OUTSIDE CONSULTANT WAS ENGAGED TO COMPLETE AN EXECUTIVE COMPENSATION SURVEY. THE SURVEY INCLUDED 19 PEER COLLEGES. THE RESULTS OF THE SURVEY ESTABLISHED THE PRESIDENT'S COMPENSATION IS APPROPRIATE.

Additional Data

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

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 KATHLEEN H BARNES INT PRES(THRU 6/19)/PROV (THRU 6/20)	(i)	319,901	0	3,310	38,754	39,019	400,984	0
	(ii)	0	0	0	0	0	0	0
1 EVAN LIPP VP ADMISSION/FINANCIAL AID	(i)	312,430	0	414	22,400	25,872	361,116	0
	(ii)	0	0	0	0	0	0	0
2 DAVID VIGNERON VP INSTITUTIONAL ADVANCEMENT	(i)	219,813	0	25,043	19,862	30,636	295,354	0
	(ii)	0	0	0	0	0	0	0
3 ANTHONY FERULLO VP OF FINANCE	(i)	241,911	0	270	32,548	31,491	306,220	0
	(ii)	0	0	0	0	0	0	0
4 KAREN ABBOTT GENERAL COUNSEL	(i)	224,059	0	414	29,857	22,732	277,062	0
	(ii)	0	0	0	0	0	0	0
5 STEVEN R DISALVO PRESIDENT (AS OF 07/2019)	(i)	215,294	0	998	15,385	29,333	261,010	0
	(ii)	0	0	0	0	0	0	0
6 BRIAN WYLIE ASST VP/DIRECTOR OF ATHLETICS	(i)	200,575	0	468	23,101	28,472	252,616	0
	(ii)	0	0	0	0	0	0	0
7 LAURA ROSSI-LE VP AND DEAN OF COLLEGE	(i)	196,654	0	3,431	26,516	20,582	247,183	0
	(ii)	0	0	0	0	0	0	0
8 SARA QUAY DEAN, SCHOOL OF EDUCATION	(i)	181,946	0	775	14,398	21,024	218,143	0
	(ii)	0	0	0	0	0	0	0
9 CHRYSTAL PORTER ASSOCIATE PROVOST	(i)	165,450	0	4,392	13,651	28,934	212,427	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	MASS DEV FIN AGENCY SERIES 2015	04-3431814	000000000	03-31-2015	18,000,000	CONSTRUCTION		X		X		X
B	MASS DEV FIN AGENCY SERIES 2017	04-3431814	000000000	03-15-2017	32,625,000	REFINANCE DEBT		X		X		X
C	MASS DEV FIN AGENCY SERIES 2017B	04-3431815	000000000	12-06-2017	25,900,000	CONSTRUCTION		X		X		X
D	MASS DEV FIN AGENCY SERIES 2017C	04-3431814	000000000	12-06-2017	8,893,000	REFINANCE DEBT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,846,980	2,910,000		689,701
2	Amount of bonds legally defeased				
3	Total proceeds of issue	18,000,000	32,625,000	25,900,000	8,893,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		176,038	196,618	68,832
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	18,000,000		25,703,382	
11	Other spent proceeds		32,448,962		8,824,618
12	Other unspent proceeds				
13	Year of substantial completion	2015	2017	2019	2017

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X	X	
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total . . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) SAMUEL ALEXANDER	FAM. MEM-TRUSTEE	116,229	FACULTYCOMP		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	63,492	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	SHAPED BY A BOLD AND ENTREPRENEURIAL SPIRIT, ENDICOTT COLLEGE OFFERS STUDENTS A VIBRANT AC ADEMIC ENVIRONMENT THAT REMAINS TRUE TO ITS FOUNDING PRINCIPLE OF INTEGRATING PROFESSIONAL AND LIBERAL ARTS WITH EXPERIENTIAL LEARNING, INCLUDING INTERNSHIP OPPORTUNITIES ACROSS DI SCIPLINES. THE COLLEGE FOSTERS A SPIRIT OF EXCELLENCE BY CREATING A CHALLENGING YET SUPPOR TIVE ENVIRONMENT IN WHICH STUDENTS ARE ENCOURAGED TO TAKE INTELLECTUAL RISKS, PURSUE SCHOL ARLY AND CREATIVE INTERESTS, CONTRIBUTE TO THE COMMUNITY, AND EXPLORE DIVERSE CAREER PATHS . ENDICOTT IS COMMITTED TO SUPPORTING THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ITS STU DENTS, PREPARING THEM TO ASSUME MEANINGFUL ROLES WITHIN THE GREATER COMMUNITY BOTH DOMESTI CALLY AND INTERNATIONALLY. ENDICOTT COLLEGE IS COMMITTED TO PROVIDING AN EDUCATIONAL EXPER IENCE THAT WILL ENCOURAGE STUDENTS TO VIEW THE CONCEPT OF DIVERSITY FROM A VARIETY OF PERS PECTIVES IN ORDER TO FOSTER UNDERSTANDING AND ULTIMATELY GREATER RESPECT AND ACCEPTANCE AM ONG INDIVIDUALS. EMBRACING DIVERSITY MEANS UNDERSTANDING AND RESPECTING OUR INDIVIDUAL DIF FERNECES, WHICH INCLUDES THE DIMENSIONS OF RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, SO CIO-ECONOMIC STATUS, AGE, DIFFERING ABILITIES (E.G. PHYSICAL, EMOTIONAL, AND COGNITIVE), R ELIGIOUS AND POLITICAL BELIEFS. CENTRAL TO THE EXPLORATION OF THE DIFFERENCES AND SIMILIAR ITIES AMONG INDIVIDUALS IS THE NEED TO OFFER A SAFE, POSITIVE, AND SUPPORTIVE ENVIRONMENT. THE GOAL IS TO REACH A GREATER UNDERSTANDING OF EACH OTHER AND TO MOVE BEYOND SIMPLE TOLE RANCE TO EMBRACING AND CELEBRATING THE RICH DIMENSIONS OF DIVERSITY CONTAINED WITHIN EACH INDIVIDUAL. FORM 990, PART III, LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS ENDICOTT COLLEGE W AS RANKED IN THE TOP TIER OF NORTHERN REGIONAL UNIVERSITIES AT #23 OF 176 INSTITUTIONS IN THE 2020 U.S. NEWS AND WORLD REPORT BEST COLLEGES RANKINGS. THE COLLEGE WAS RECOGNIZED AS A LEADER IN SEVERAL OTHER CATEGORIES PUBLISHED BY U.S. NEWS, INCLUDING "BEST COLLEGES FOR VETERANS", "A+ SCHOOLS FOR B STUDENTS", "MOST INNOVATIVE SCHOOLS", "CO-OPS/INTERNSHIPS", " BEST VALUE SCHOOLS", "TOP PERFORMERS IN SOCIAL MOBILITY AND "BEST UNDERGRADUATE TEACHING P ROGRAMS". IN FISCAL 2020, THE OFFICE OF ADMISSION RECEIVED 5,264 APPLICATIONS FOR TRADITIO NAL UNDERGRADUATE STUDENTS IN FALL 2019, ACCEPTED 68% OF THE APPLICANTS, AND ENROLLED 25% OF THOSE ACCEPTED FOR ADMISSION. THE COLLEGE AWARDED 64 ASSOCIATE DEGREES, 802 BACHELOR DE GREES, 578 MASTERS' DEGREES AND 9 DOCTORAL DEGREES IN ACADEMIC YEAR 2018-19. OUR GRADUATES HAD A FIRST-TIME PASS RATE OF 86% ON EXTERNAL EXAMINATIONS FOR ATHLETIC TRAINING, 91% FOR UNDERGRADUATE NURSING AND 85% AND 92% FOR GRADUATE NURSING AND A FINAL PASS RATE OF 100% FOR THE TITLE II EDUCATOR'S EXAMS. EXTERNAL LICENSURE FOR THESE PROGRAMS IS ASSESSED BY TH E NATA BOARD OF CERTIFICATION LICENSURE, NATIONAL COUNCIL LICENSURE EXAMINATION, AMERICAN NURSES CREDENTIALING CENTER AND AMERICAN ASSOCIATION OF NURSE PRACTITIONERS AND THE MASSAC HUSETTS DEPARTMENT OF EDUCATIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	N LICENSURE RESPECTIVELY. ENDICOTT'S RETENTION RATE OF FRESHMAN ENTERING 2019 AND RETURNIN G 2020 WAS 83%. THE SIX YEAR GRADUATION RATE FOR FRESHMAN ENTERING 2014 WAS 78%. OF THE 20 19 GRADUATES WHO RESPONDED TO CAREER SURVEYS, 98% REPORTED THAT THEY WERE EITHER EMPLOYED, CONTINUING EDUCATION, VOLUNTEERING, SERVING IN THE MILITARY, OR SELF-EMPLOYED WITHIN 12 M ONTHS OF GRADUATION. 78% WERE EMPLOYED FULL-TIME. 90% OF THOSE WERE IN EMPLOYMENT RELATED TO THEIR MAJOR, AND 29% FOUND EMPLOYMENT THROUGH A FORMER INTERNSHIP SITE OR CONTACT. COMM UNITY SERVICE IS EMBRACED AT ENDICOTT, WITH 47% OF THE ENDICOTT STUDENT BODY PARTICIPATING IN COMMUNITY SERVICE, FOR A TOTAL OF 16,247 COMMUNITY SERVICE HOURS PERFORMED BY 1,355 ST UDENTS. THE STATE AND NATIONAL AVERAGE IS 28% AND 30%, RESPECTIVELY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION POLICY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR DUE DILIGENCE OF THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT'S COMPENSATION TO ASSURE THAT ENDICOTT COMPLIES WITH IRS REQUIREMENTS FOR NOT-FOR-PROFIT COMPENSATION. THE COMMITTEE REVIEWS AND DISCUSSES COMPENSATION OF COMPARABLE JOBS IN COMPARABLE COLLEGES AND UNIVERSITIES IN THE BOSTON AREA AND NEW ENGLAND. THE PRESIDENT IS COMPENSATED IN ACCORDANCE WITH A MULTI-YEAR COMPENSATION PLAN THAT IS BASED UPON RESEARCH ON COMPENSATION AWARDED TO PRESIDENTS IN SIMILAR INSTITUTIONS, TOGETHER WITH AN APPRAISAL OF THE PRESIDENT'S PERFORMANCE. THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS. THE CONCLUSIONS AND RECOMMENDATIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED REGULARLY BY THE FULL BOARD. THE MEMBERSHIP OF THE COMPENSATION COMMITTEE IS FREE OF CONFLICT OF INTEREST IN DETERMINING COMPENSATION. THE COMMITTEE ALSO REVIEWS AND GUIDES MANAGEMENT WITH RESPECT TO IMPLEMENTATION OF THE COMPENSATION POLICY FOR ALL OTHER EMPLOYEES. SALARIES ARE REVIEWED AND ADJUSTED ANNUALLY, BASED ON PERFORMANCE (AS MEASURED IN AN ANNUAL PERFORMANCE REVIEW) AND CHANGES IN RESPONSIBILITY. MINUTES OF COMPENSATION COMMITTEE MEETINGS ARE DOCUMENTED. AN INDEPENDENT COMPENSATION CONSULTANT WAS ENGAGED IN OCTOBER 2019 TO COMPLETE AN EXECUTIVE COMPENSATION SURVEY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE ON INTEREST RATE SWAP AGREEMENT -2,515,627. LOSS ON DISPOSAL OF ASSET -3,003,593.