# Form 8453-EO |

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning 07/01 , 2013, and ending 06/30, 20 14

OMB No. 1545-1879

For use with Forms 990, 990-FZ, 990-PF, 1120-POL, and 8868

epartment of the Trea Iternal Revenue Servic		FOR USE WILLIE TOTALS	550, 550-L2, 550-1 1,	1120-1 02,	2110 0000		
ame of exempt org	ganization				1		lcation number
SWARTHMOR	RE COLLEGE					<u>23-1352</u>	2683
		d Return Information (\				LINAL HANGE CONTRACTOR	
heck the box on the save line 1b, 2	on line 1a, 2a, 3a b, 3b, 4b, or 5b,	eturn being filed with For , 4a, or 5a below and the whichever is applicable, b nplete more than one line	amount on that line plank (do not enter -0	of the retur	'n being filed v	vith this for	m was blank, then
a Form 1120 a Form 990-l	check here  EZ check here  -POL check here  PF check here  3 check here	b Total revenu b Total ta	any (Form 990, Part¹ e, if any (Form 990-E k (Form 1120-POL, li investment Income ( orm 8868, Part I, line	Z, line 9) , . ne 22) Form 990-Pl	F, Part VI, line	. 2b . 3b 5) 4b	66399000.
Part II Dec	claration of Offi	cer					
withdra organiz I must date. I	awal (direct debit) ration's federal taxe contact the U.S. also authorize the	asury and its designated F entry to the financial inses owed on this return, and Treasury Financial Agent at e financial institutions invol nswer inquiries and resolve is	stitution account indic the financial institution 1-888-353-4537 no la ved in the processing	ated in the in to debit thater than 2 k of the elect	tax preparation ne entry to this ousiness days p	n software account. To glor to the p	for payment of the prevoke a payment, payment (settlement)
If a co	py of this return is	s being filed with a state and disclosure consent contained d in Part I above) to the select	gency(ies) regulating ch I within this return all	arities as pa	rt of the IRS Faure by the IRS	ed/State pro of this For	gram, I certify that I m 990/990-EZ/990-
organization's 20 correct, and con eturn. I consent o the IRS and	013 electronic retuinglete. I further di t to allow my inte to receive from th	clare that I am an officer rn and accompanying scher eclare that the amount in ermediate service provider, e IRS (a) an acknowledger nd, and (c) the date of any rel	dules and statements, Part I above is the a transmitter, or electron nent of receipt or reas	and to the b mount show ic return ori	est of my know n on the copy ginator (ERO) t	wleage and of the org o send the	beller, they are true, anization's electronic organization's return
Sign Here $ ightarrow \overline{sig}$	gnature of officer	n Ame	2/19/2016 Date	<b>&gt;</b> 7	VP FOR F	INANCE	& ADM
Part III Dec	claration of Elec	ctronic Return Originate	or (ERO) and Paid I	reparer (s	ee instructior	ns)	
ny knowledge. I on the return. I nformation to b RS <i>e-file</i> Provide organization's re	If I am only a colle The organization of e filed with the IR ers for Business R eturn and accompa	above organization's returnector, I am not responsible ifficer will have signed this is, and have followed all otteturns. If I am also the Panying schedules and state tion is based on all information	for reviewing the return form before I submit her requirements in Po aid Preparer, under per ments, and to the bes	i and only de the return. I ib. 4163, Mo nalties of per it of my kno	eclare that this will give the dernized e-File jury I declare	form accura officer a co (MeF) Inforr that I have	tely reflects the data py of all forms and nation for Authorized examined the above
ERO's	ot. K.	nio C Runo	Date 02/19/2016	Check If also paid preparer	Check if self-X employed	ERO's SS	N or PTIN 8539
Only addre	s name (or s if self-employed), ass, and ZIP code	PRICEWATERHOUSEC 2001 MARKET ST, PHILADELPHIA	SUITE 1700		9103	<del></del>	57-330-3000
Inder penalties of and belief, they are	f perjury, I declare true, correct, and comp	that I have examined the abo plete. Declaration of preparer is be	ve return and accompanased on all information of wi	ying schedules nich the prepare	and staternents, er has any knowled	and to the ge.	best of my knowledge
Paid	Print/Type preparer's	s name	Preparer's signature	Date	3	Check i	· [
Preparer	Firm's name		l			Firm's EIN	
Use Only	Firm's address					Phone no.	
Ear Drivour Aat	and Pangruort Po	duction Act Notice, see back	of form			F	orm <b>8453-EO</b> (2013)

## **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

•	Information	about	Form	990	and	its	instructions i	s at	www.irs.gov/form990.
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AF	or tn	e 201	3 calendar year, or tax year beginning $07/01$ , 2013, a	na enaing			06	/30,	<b>20</b> 1 4	
<b>B</b> c	neck if ap	plicable:	C Name of organization			D Employer ide			umber	
	Addre	ss	SWARTHMORE COLLEGE			23-1352	.683	5		
	chang		Doing Business As			F T-1				
	Name	change	· · · · · · · · · · · · · · · · · · ·	oom/suite		E Telephone nu				
	Initial	return	500 COLLEGE AVENUE			(610) 328	3 – 8	676		
	Termi		City or town, state or province, country, and ZIP or foreign postal code							
Х	Amen returr	1	SWARTHMORE, PA 19081		_	<b>G</b> Gross receipt			8,350 	
	Applio pendi		F Name and address of principal officer: GREGORY N. BROWN			H(a) Is this a grou subordinates?		n for	Yes	X No
			500 COLLEGE AVENUE SWARTHMORE, PA 19081			H(b) Are all subordi		cluded?	Yes	No.
		empt st		527		If "No," attacl	n a list	. (see ins	tructions)	
J	Websi	te: 🕨	WWW.SWARTHMORE.EDU		ı	H(c) Group exemp	tion nu	umber	<b>&gt;</b>	
K	Form (	of organ	nization: X Corporation Trust Association Other	L Year of fo	ormatio	on: 1864 <b>M</b> :	State	of legal	domicile	PA
Pa	art I	Sui	mmary							
	1	Briefly	describe the organization's mission or most significant activities: SEE ATTA	ACHMENT	1					
ė		,								
anc										
ern	2	Chack	this box if the organization discontinued its operations or disposed of	of more than	25%	of its not assets				
Governance	3					1	3			37.
	_						4			35.
Activities &	4		er of independent voting members of the governing body (Part VI, line 1b)				5		2	,605.
viti	5		number of individuals employed in calendar year 2013 (Part V, line 2a)				_			,646.
∖cti			number of volunteers (estimate if necessary)				6			
1			unrelated business revenue from Part VIII, column (C), line 12				7a			,773.
	b	Net ur	nrelated business taxable income from Form 990-T, line 34	<u> </u>			7b			,695.
						Prior Year	_		urrent \	
<u>e</u>	8		butions and grants (Part VIII, line 1h)			52,686,000	_			,000.
enr	9	Progra	am service revenue (Part VIII, line 2g)	🗅		33,625,000	_			,000.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	🗅	10	2,458,174	_			,076.
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,650,469	$\overline{}$			,924.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24	15,419,643	3.	26	5,399	,000.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		2	28,395,000	ο.	2	8,062	,000.
	14		its paid to or for members (Part IX, column (A), line 4)				0			C
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7	76,802,088	3.	8	0,875	,639.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			63,68	5.		68	,710.
be	b	Total t	fundraising expenses (Part IX, column (D), line 25) \( \bigsim \frac{4,730,230.}{}							
ũ	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5	55,544,599	9.	5:	9,736	,380.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			50,805,372				,729.
	19		nue less expenses. Subtract line 18 from line 12			34,614,27	$\overline{}$			,271.
or es	13	IXCVCI	tue 1633 expenses. Oubtract line 10 from line 12			ing of Current Y	_		nd of Ye	
Net Assets or Fund Balances	20	Total	consts (Part V. line 16)			76,005,000			785	
\sse Bala	21		assets (Part X, line 16) liabilities (Part X, line 26)	• • • • •  -		35,312,000	_		5,705 5,626	
et /				-		0,693,000	$\overline{}$		4,159	
	22 -/4 TI		ssets or fund balances. Subtract line 21 from line 20.		1,10	,0,093,000	<i>y</i> •   <sup>2</sup>	2,01	I, IJ)	,000.
_	rt II		gnature Block							-11-6 16 1-
true	ier per e, corre	ct, and	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	and stateme preparer has a	ents, an any kno	owledge.	ту к	nowied	ge and b	eller, it is
Sig	n		Signature of officer			D-1-				
Her		′	- 3			Date				
1101	C		GREGORY N. BROWN VP FOR F	INANCE	& AD	M				
			Type or print name and title							
Daid	ı	Print/	Type preparer's name Preparer's signature	Date		Check	if P	PTIN		
Paid Pror		ANT	ONIO C RUSSO			self-employe			8585	39
_	oarer Only	Firm's	name ▶PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 1	3-4	0083	24	
Jae	Jilly	Firm's	address ▶2001 market st, suite 1700 philadelphia, pa 19103		- 1	Phone no. 2	67-	330-	3000	
May	the I	•	cuss this return with the preparer shown above? (see instructions)					_ X	Yes	No
						-	$\overline{}$	_		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 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 \$ \_\_\_\_128,946,384.\_ including grants of \$ \_\_\_\_\_28,062,000.\_\_) (Revenue \$ \_\_\_\_\_85,621,000.\_\_) ATTACHMENT 4b (Code: including grants of \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 128,946,384.

JSA 3E1020 2.000 Form **990** (2013) 9545JV 1467 V 13-7.15 PAGE 2 Form 990 (2013) Page 3
Part IV Checklist of Required Schedules

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		х	
_	complete Schedule D, Part III	8	Λ	
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	9		Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		21
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		21
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		- 41
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	Х	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'	23	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	Х	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Х	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and 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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part IV.	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
			200	

SWARTHMORE COLLEGE

Form 990 (2013) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶\_\_\_\_\_\_ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7с Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ

Form 990 (2013)

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

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

Form 990 (2013) SWARTHMORE COLLEGE 23-1352683 Page **6** 

Sect	tion 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 37			
	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	<b>1b</b> 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or un	nder the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			37
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				37
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
	the year by the following:		_	v	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Int		_	<u> </u>	
	in 21 Chaice (This econom 2 requests information about pointies net required by the int	oman novembe	- Cour	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of		···		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	-	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form: I			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests				
-	rise to conflicts?	_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
	describe in Schedule O how this was done	-	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?		16a		X
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				
<del></del>	organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_PA,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	andula (1)			
	Own website Another's website X Upon request Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	s, conflict of int	erest	policy	, and
00	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books organization: > ALICE TURBIVILLE, 500 COLLEGE AVENUE, SWARTHMORE, PA 19081 610-	and records of the second of t	ie		

JSA Form **990** (2013)

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Form 990 (2013) SWARTHMORE COLLEGE 23-1352683 Page **7** 

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than of is both tor/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Ф	tee			sated				
_(1)GILES K. KEMP CHAIR	6.00	Х		Х				0	0	0
_(2)JENNY HOURIHAN BAILIN TRUSTEE	4.00	Х						0	0	0
TRUSTEE	4.00	Х						0	0	0
_(4)SOHAIL BENGALI TRUSTEE	2.00	Х						0	0	0
_(5)RHONDA RESNICK COHEN TRUSTEE	4.00	Х						0	0	0
(6)JANET SMITH DICKERSON TRUSTEE	4.00	Х						0	0	0
	4.00	Х						0	0	0
(8)DELVIN DINKINS TRUSTEE	2.00	Х						0	0	0
(9)LEWIS H. LAZARUS TRUSTEE	4.00	Х						0	0	0
(10)NEIL R. GRABOIS TRUSTEE	2.00	Х						0	0	0
(11)MARILYN HOLIFIELD TRUSTEE	4.00	Х						0	0	0
(12) JAMES C. HORMEL TRUSTEE	2.00	Х						0	0	0
(13)ANN REICHELDERFER TRUSTEE	2.00	Х						0	0	0
(14)BARBARA W. MATHER TRUSTEE	4.00	Х						0	0	0
	<u> </u>									Form <b>990</b> (2013)

Form **990** (2013)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo			and F	ligl		ed Employees (c	ontinue	ed)	
(A)	(B)				C)			(D)	(E)	_	(F)	
Name and title	Average hours per	,		heck		e than o		Reportable compensation	Reportable compensation from	am	timated nount of	
	week (list any hours for	office	r and	dad	lirect	or/trust	ee)	from the	related organizations	com	other pensati	on
	related organizations	Individual trustee or director	Insti	Officer	Key employee	High empl	Forme	organization	(W-2/1099-MISC)		om the anizatio	n
	below dotted	idual	utior	e.	mpl	est c oyee	er	(W-2/1099-MISC)		and	d related	d
	line)	trus	nal tn		oyee	ompe				orga	anization	าร
		tee	Institutional trustee			Highest compensated employee						
	2.00					ed						
TRUSTEE	0	X							o			(
16) SUSAN B. LEVINE	4.00											
TRUSTEE	0	Х							o			(
17) BENNETT LORBER	4.00											
TRUSTEE	0	Х						C	o			(
18) CHRISTOPHER M. NIEMCZEWSKI	4.00											
TRUSTEE	0	Х						C	O			(
19) SIBELLA CLARK PEDDER	2.00											
TRUSTEE	0	Х						C	0			(
20) ELIZABETH H. SCHEUER	2.00											
TRUSTEE	0	Х						C	0			(
21) ROBIN M. SHAPIRO	4.00											
TRUSTEE	0	Х						C	0			(
22) SUJATHA SRINIVASAN	4.00											
TRUSTEE	0	X						C	0			(
23) DAVID W. SINGLETON	4.00											
TRUSTEE	0	Х						С	0			(
24) RUTH SHOEMAKER WOOD TRUSTEE	4.00	Х						C	0			(
25) JOSEPH L. TURNER TRUSTEE	4.00	Х							0			(
1b Sub-total								0	0			
c Total from continuation sheets to Part VII, S	ection A			• •	• •			4,125,667.	0	1,0	38,0	33.
d Total (add lines 1b and 1c)	-						•	4,125,667.	0		38,0	
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re		\$100,000 of			
Teportable compensation from the organization		13-									Yes	No
3 Did the organization list any former offic	er directo	ır or	trı	iste	٩	kev e	mn	olovee or highes	t compensated			
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ual						3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	. It	"Yes	;"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors								<del>-</del>		•		
Complete this table for your five highest com- compensation from the organization. Report c												

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 48

Part VII Section A. Officers, Directors,		y ⊑11	ipio			anu F	пg			oriuriue		
(A)	(B)			(0	-			(D)	(E)	Е.	(F)	
Name and title	Average hours per	(do i	not ch	Posi heck		e than o	ne	Reportable compensation	Reportable compensation from		stimated nount o	
	week (list any	box,	unles	ss pe	rson	is both	an	from	related		other	
	hours for					or/trust	$\overline{}$	the	organizations		pensati	on
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh h	Former	organization	(W-2/1099-MISC)		om the anizatio	า
	below dotted	idua	utio	릭	mp	est o	<u> </u>	(W-2/1099-MISC)		_	d related	
	line)	or ta	nali		loye	omi				orga	anizatio	ns
		stee	rust		Ι Φ	bens						
			ee			Highest compensated employee						
26) GUSTAVO SCHWED	2.00											
TRUSTEE		Х						C	0			
27) NATHANIEL A.K. ERSKINE	2.00											
TRUSTEE	0	Х						C	0			
28) THOMAS W.T. HARTNETT	4.00											
TRUSTEE		Х						C	O			
29) LUCINDA LEWIS	2.00											
TRUSTEE	0	Х						C	0			
30) JAMES LOVELACE	2.00											
TRUSTEE	0	Х						C	0			
31) EUGENE M. LANG	2.00											
EMERITUS CHAIR	0	Х						C	0			
32) SAMUEL L. HAYES III	2.00											
EMERITUS TRUSTEE	0	Х						C	0			
33) JULIE LANGE HALL	2.00											
EMERITA TRUSTEE	0	Х						C	0			
34) JEROME KOHLBERG	2.00											
EMERITUS TRUSTEE	0	Х						C	0			
35) ELIZABETH J. MCCORMACK	2.00											
EMERITA TRUSTEE	0	Х						C	0			
36) MARGE PEARLMAN SCHEUER	2.00											
EMERITA TRUSTEE	0	Х						C	0			
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII	I, Section A						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but r		hose	liste	d at	bove	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organiza	ation >	154	1									
											Yes	No
3 Did the organization list any former of												
employee on line 1a? If "Yes," complete Sch	nedule J for suc	ch ind	lividu	ual						3		Х
4 For any individual listed on line 1a, is th	ne sum of rep	ortab	ole d	com	per	satior	n a	nd other compens	sation from the			
organization and related organizations	greater than	\$15	50,0	00?	lf.	"Yes	5, "	complete Schedu				
individual										4	Х	
5 Did any person listed on line 1a receive												
for services rendered to the organization? It	f "Yes," comple	te Sci	hedu	ıle J	for	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest c												
compensation from the organization. Repo	nt compensati	011 101	ше	· cal	ieli(	ıaı ye	aı t	anding with or With	iii tile organizatio	ııs tax		

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

			.p.o			u 1 1 1 1 1	·y·		ed Employees (c			
(A) Name and title	Average hours per week (list any hours for related organizations	box,	not ch unles	s per I a di	tion more rson irect	e than or is both a or/truste employe	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esi am comp fro	timated to the count of the cou	ion
	below dotted line)	Individual trustee or director	itional trustee	7	Key employee	st compensated yee	)r	(** = *********************************			d related Inization	
7) J. LAWRENCE SHANE	2.00											
EMERITUS TRUSTEE	0	Х						0	0			
8) ROBERT STEELMAN	2.00							_				
TRUSTEE	0	X						0	0			
9) S. LESLIE JEWETT	2.00											
TRUSTEE	0	X						0	0			
O) HAROLD KALKSTEIN	4.00											
TRUSTEE	2.00	X		$\dashv$				0	U			
TRUSTEE/EX OFFICIO BOARD MEMB.	12.00	X										
2) DANIELLE M. LEE	2.00	^		$\dashv$					0			
TRUSTEE		X										
B) JUNE R. SCOTT	2.00	21		$\dashv$								
TRUSTEE	1	Х						0	o			
4) SALEM D. SHUCHMAN	4.00											
VICE-CHAIR	0	Х		Х				0	O			
5) DAVIA TEMIN	2.00											
TRUSTEE	0	Х						0	0			
5) REBECCA S. CHOPP	40.00											
PRES./EX OFFICIO	0	Х		Х				590,497.	0	2	59,8	363
7) SUZANNE P. WELSH 	40.00			Х				325,511.	0		44,1	L15
Ib Sub-total							<b></b>					
c Total from continuation sheets to Part VII, S	ection A						▶					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not reportable compensation from the organization		hose 154		d ab	OVE	e) who	re	ceived more than	\$100,000 of			
											Yes	N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3		Х
For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes,	" (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors												

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations	(do not check more than one box, unless person is both an officer and a director/trustee)			ox, unless person is both an ficer and a director/trustee)		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization	
	below dotted line)	Individual trustee or director	Institutional trustee	7	nployee	Highest compensated employee	¬	,		and related organizations
18) THOMAS STEPHENSON	40.00			77				225 027		102 420
PROVOST  9) MAURICE G. ELDRIDGE	40.00			Х				225,027.	U	123,420
VP COLLEGE & COMMUNITY REL.	10			x				253,365.	0	32,872
50) KARL W. CLAUSS	40.00							233,303.	J	32,072
VP DEVELOPMENT & ALUMNI REL.	0			$_{\rm X}$				249,537.	0	84,880
51) MARK C. AMSTUTZ	40.00							,		
MANAGING DIRECTOR OF INV.	0			Х				219,682.	0	38,429
52) C. STUART HAIN	40.00									
VP FACILITIES & SERVICES	0			Х				204,347.	0	22,650
3) JAMES L. BOCK III	40.00									
DEAN OF ADMISSIONS & FIN. AID	0			Х				196,353.	0	38,485
64) PAMELA PRESCOD-CAESAR	40.00									
VP HUMAN RESOURCES	0			Х				180,218.	0	42,321
55) H. ELIZABETH BRAUN	40.00									
DEAN OF STUDENTS	0			Х				183,011.	0	77,949
66) NANCY NOWICKI NICELY	40.00			37				214 060		20 701
SECRETARY & VP FOR COMMUNICATI	10.00			Х				214,960.	U	39,701
7) LORI ANN JOHNSON ASSISTANT TREASURER	40.00			х				107 457		10 520
ASSISIANI IREASURER 58) GREGORY N. BROWN	40.00			^				107,457.	0	12,538
VP FINANCE & ADMINISTRATION	1			х				0	0	
1b Sub-total				21			_			
c Total from continuation sheets to Part VII, S	ection A				•					
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of	
reportable compensation from the organizatio		154				,			,	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or						any	uni	elated organization	on or individual	
for services rendered to the organization? <i>If "Y</i>	'aa " ac ! -	40 0-1		۱ ما	£	al.				5 X

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

(A)	(B)	I		"	-·							
Name and title	Name and title  Average hours per week (list any hours for officer and a director/trustee)  Average hours for officer and a director/trustee)		(D) Reportable compensation from	Reportable compensation from related	ar	(F) stimated mount of other npensation	f					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	rom the ganization description	on d
9) EILEEN E. PETULA	40.00							1.40 550			00.0	
TREASURER & ASSOC VP FOR FIN.  0) PETER J. COLLINGS	40.00			X				148,778.	0		23,9	109
PROFESSOR	0					Х		206,987.	0		28,0	)98.
1) ROBINSON G. HOLLISTER PROFESSOR	40.00					Х		192,500.	0		33,6	572
2) STEPHEN O'CONNELL PROFESSOR	40.00					х		208,989.	0		62,5	36
3) NELSON MACKEN PROFESSOR	40.00					Х		213,863.	0		35,6	552
4) ALLEN SCHNEIDER PROFESSOR	40.00					х		204,585.	0		36,9	943
1b Sub-total continuation sheets to Part VII, S	Section A						<b>&gt;</b>					_
d Total (add lines 1b and 1c)	limited to t	hose	liste				re	ceived more than	\$100,000 of			
reportable compensation from the organization	on ►	154	<u> </u>								Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,0	00?	lf	"Yes	," (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5		X
Section B. Independent Contractors	, , ,											
Complete this table for your five highest cor compensation from the organization. Report												

(A) Name and business address	(B) Description of services	(C) Compensation

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

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#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1b Membership dues С Fundraising events 1d 1e 2,068,000. Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 25,653,000 Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 27,721,000 Program Service Revenue **Business Code** TUITION & FEES 611310 68,121,000 68,121,000 611310 ROOM & BOARD 17,500,000 17,500,000 h С All other program service revenue Total. Add lines 2a-2f 85,621,000. Investment income (including dividends, interest, and 66,112,167. 66,112,167. Income from investment of tax-exempt bond proceeds . . . > 63,333 4 63,333. 256,832. 5 256,832. (i) Real (ii) Personal 1,770,053 6a Gross rents **b** Less: rental expenses 1,248,271. 521,782. Rental income or (loss) . . Net rental income or (loss) . 521.782 521,782 (i) Securities (ii) Other Gross amount from sales of 930,723,503. assets other than inventory **b** Less: cost or other basis 850,703,232. and sales expenses . . . 80,020,271. -829,695 c Gain or (loss) d Net gain or (loss) 79,190,576. -829,695. 80,020,271. Other Revenue Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a Less: direct expenses 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses Gross sales of inventory, 10a returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** SUMMER PROGRAMS 713990 677,973 677,973 11a RENTAL INCOME (FROM DEBT FINANCED PROPE 531120 162,495. 162,495 b AUXILIARY & OTHER SERVICES 611310 6,071,842 6,071,842. С All other revenue 6,912,310 e Total. Add lines 11a-11d Total revenue. See instructions 266,399,000 85,621,000 10,773 153,046,227.

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# 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									
	not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21 .	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	28,062,000.	28,062,000.						
3	Grants and other assistance to governments, organizations, and individuals outside the	0							
1	United States. See Part IV, lines 15 and 16  Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	3,183,446.	1,260,563.	1,625,164.	297,719.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	58,315,575.	45,119,027.	11,102,138.	2,094,410.				
	Pension plan accruals and contributions (include section								
_	401(k) and 403(b) employer contributions)	4,926,010.	3,768,815.	961,994.	195,201.				
9	Other employee benefits	10,252,638.	6,877,399.	3,078,105.	297,134.				
10	Payroll taxes	4,197,970.	3,181,572.	853,085.	163,313.				
11	Fees for services (non-employees):								
а	Management	0	202 202	604 811					
	Legal	838,540.	203,829.	634,711.					
	Accounting	185,052.		185,052.					
	Lobbying	68,710.			68,710.				
	Professional fundraising services. See Part IV, line 17.	5,974,000.		5,974,000.					
	investment management fees	3737170001		3737170001					
٤	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).	4,878,211.	2,819,619.	1,849,566.	209,026.				
12	Advertising and promotion	954,748.	196,085.	644,280.	114,383.				
13	Office expenses	5,003,406.	3,789,241.	1,016,469.	197,696.				
14	Information technology	3,174,110.	2,256,935.	849,399.	67,776.				
15	Royalties	0							
16	Occupancy	2,210,191.	1,698,239.	445,187.	66,765.				
17	Travel	2,676,195.	1,867,124.	533,970.	275,101.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1 000 000	405 554					
19	Conferences, conventions, and meetings	1,812,338.	1,229,072.	485,554.	97,712.				
20	Interest	7,361,245.	5,685,460.	1,459,164.	216,621.				
21	Payments to affiliates	7,455,291.	5,740,574.	1,491,058.	223,659.				
22	Depreciation, depletion, and amortization	852,795.	852,795.	1,401,000.					
23 24	Insurance Other expenses. Itemize expenses not covered	0327733.	0327733.						
27	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	FOREIGN STUDIES	3,720,641.	3,720,641.						
b	ANNUITY PAYMENTS	1,992,378.	1,695,357.	297,021.					
•	BOOKSTORE RELATED	637,927.	637,927.						
d	EQUIP PURCH, RENTAL, & MAINT	4,143,472.	2,749,808.	1,348,420.	45,244.				
	All other expenses	5,865,840.	5,534,302.	231,778.	99,760.				
	Total functional expenses. Add lines 1 through 24e	168,742,729.	128,946,384.	35,066,115.	4,730,230.				
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)	0							
JSA				· ·	Form <b>990</b> (2013)				

JSA 3E1052 1.000

Form 990 (2013) Page **11** 

### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X									
				•	(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			23,343,000.	1	28,130,000.		
	2	Savings and temporary cash investments			0	2	0		
	3	Pledges and grants receivable, net			27,816,000.	3	31,909,000.		
	4	Accounts receivable, net			1,236,000.	4	2,908,000.		
	5	Loans and other receivables from current and f	forme	r officers, directors,					
		trustees, key employees, and highest co	mpe	nsated employees.					
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal complete part of the c	,		357,774.	5	1,286,423.		
	6	4958(f)(1)), persons described in section 4958(c)(3)(B),							
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary			0		
ts	_	organizations (see instructions). Complete Part II of Sche			13,884,226.		12 054 577		
Assets	7	Notes and loans receivable, net		609,657.	7	13,054,577.			
ĕ	8	Inventories for sale or use			2,629,343.	8 9	3,189,893.		
	9	Prepaid expenses and deferred charges			2,029,343.	9	3,109,093.		
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	379,487,000.					
	h	Less: accumulated depreciation			246,933,000.	10c	253,629,000.		
	11	Investments - publicly traded securities			842,791,000.	11	992,407,000.		
	12	Investments - other securities. See Part IV, line 11			909,989,000.	12	994,431,000.		
	13	Investments - program-related. See Part IV, line 11	0	13	0				
	14	Intangible assets		0	14	0			
	15	Other assets. See Part IV, line 11		6,416,000.	15	19,211,000.			
	16	Total assets. Add lines 1 through 15 (must equal			2,076,005,000.	16	2,340,785,000.		
	17	Accounts payable and accrued expenses			16,681,000.	17	18,117,000.		
	18	Grants payable	0	18	0				
	19	Deferred revenue		2,170,000.	19	2,148,000.			
	20	Tax-exempt bond liabilities	205,621,000.	20	217,762,000.				
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	U		
ij	22	Loans and other payables to current and for							
Li a		trustees, key employees, highest compen-			0	22	0		
	23	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			843,000.	23	0		
	24	Unsecured notes and loans payable to unrelated to			0 13 , 3 3 3 1	24	0		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines	-						
		of Schedule D			59,997,000.	25	58,599,000.		
	26	Total liabilities. Add lines 17 through 25			285,312,000.	26	296,626,000.		
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here   X  and					
anc	27	Unrestricted net assets			693,556,000.	27	776,303,000.		
Bal	28	Temporarily restricted net assets			899,189,000.	28	1,060,356,000.		
pq	29	Permanently restricted net assets			197,948,000.	29	207,500,000.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and					
şţs	30	Capital stock or trust principal, or current funds				30			
SS	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31			
¥	32	Retained earnings, endowment, accumulated inco				32			
Ž	33	Total net assets or fund balances			1,790,693,000.	33	2,044,159,000.		
	34	Total liabilities and net assets/fund balances	2,076,005,000.	34	2,340,785,000.				

SWARTHMORE COLLEGE 23-1352683

Form 99	90 (2013)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.68,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5		.51,9	62,7	29.
6	Donated services and use of facilities	6				0
7	Investment expenses	7		5,9	74,0	00.
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,1	27,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2,0	44,1	59,0	00.
Part	- · · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis  X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht				
	of the audit, review, or compilation of its financial statements and selection of an independent account	_	)	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	F				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	fortl	n in			
ou	the Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

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

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

SWA	ARTH	MORE COLLEGE								23-	-1352	2683	
Pa	rt I	Reason for Publ	lic Charity Status	<b>s</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	i.		
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)				
1		A church, convention	on of churches, or	association of churches of	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)				
2	X	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(k	)(1)(A)	(iii).				
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	I descr	ibed in	sectio	n 170(k	o)(1)(A	)(iii). E	Enter the
		hospital's name, cit											
5		An organization op	erated for the be	nefit of a college or univer	ersity	owned	or ope	erated b	y a go	vernme	ntal u	nit des	cribed in
		section 170(b)(1)(A											
6	Щ		-	or governmental unit des									
7		-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the	gener	al public
		described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				on 170(b)(1)(A)(vi). (Com								_	
9		_	-	es: (1) more than 331/3%							-		_
		· · · · · · · · · · · · · · · · · · ·		exempt functions - subj			-						
				ome and unrelated busin				-		n 511	tax) fr	om bu	isinesses
4.0				ne 30, 1975. See section	• •		•		,				
10	$\vdash$		-	ted exclusively to test for	-	-				-			0.14 Abo
11		-	-	rated exclusively for the apported organizations de			-					-	
				es the type of supporting					-			-	Section
		a Type I		c Type III-Function	_						-		egrated
е				e organization is not conf	•	•			, ,			•	J
·	ш	-		other than one or more			-	-	-		-		-
		or section 509(a)(2	=	other than one of more p	o a b ii o i	, очрр	ortou o	· gainza		.0001100	.a o	000000	) (u)(1)
f		, , ,	•	n determination from the	e IRS	that it	is a T	vpe I. T	vpe II.	or Type	e III si	itroagu	na
		organization, check						,	<b>,</b>	- 71			
g	ĺ	_		nization accepted any gift	or cor	ntributi	on from	any of	the				
_		following persons?						•			•		
		(i) A person who	directly or indirec	tly controls, either alone	or toge	ether v	vith pe	rsons de	escribe	d in (ii)	and		Yes No
		(iii) below, the	governing body of	the supported organization	on?							11g(i)	
		(ii) A family memb	oer of a person des	scribed in (i) above?								11g(ii)	
		(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?							11g(iii)	
h	ı	Provide the following	ng information abo	ut the supported organiza	ation(s)	١.							
		ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the zation in		ou notify		s the	(vii) A		monetary
		organization		(described on lines 1-9 above or IRC section	col. (i)	listed in		anization ) of your		zation in rganized		suppor	rt
				(see instructions))	your go docui	overning ment?		ort?	in the	Ŭ.S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
<del>,</del>													
Tota	al												

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

Schedule A (Form 990 or 990-EZ) 2013

Page 2 Schedule A (Form 990 or 990-EZ) 2013

	, , , , , , , , , , , , , , , , , , , ,						- 3 -
Pai	Support Schedule for Orga (Complete only if you checke	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	olease comple	te Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)  Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth,			
500	organization, check this box and stop here tion C. Computation of Public Sup					<u> </u>	▶ ∟
	Public support percentage for 2013 (li	•		11 column (f)\		14	%
14 15	Public support percentage for 2013 (II						<u>%</u>
	331/3% support test - 2013. If the co						
·va	this box and <b>stop here</b> . The organizati						
h	331/3% support test - 2012. If the o						
J	check this box and <b>stop here</b> . The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part IV how the organization meets organization	meets the "fa the "facts-and-o	cts-and-circums circumstances" t	tances" test, chest. The organi	neck this box a ization qualifies	nd <b>stop here. I</b> as a publicly s	Explain in supported
	15 is 10% or more, and if the organization in Part IV how the organization	anization meets on meets	s the "facts-an 'facts-and-circur	d-circumstances mstances" test.	" test, check t The organization	his box and <b>st</b> on qualifies as a	t <b>op here.</b> a publicly
12	supported organization  Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 3

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

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

				· ·		,	
	tion A. Public Support		41,0040	( ) 0044	( 1) 00 ( 0	( ) 0040	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(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						
7 a	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						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•			•	`	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop here.						<u></u>
	tion C. Computation of Public Sup					T	
15	Public support percentage for 2013 (line 8,					15	<u>%</u>
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen					T	
17	Investment income percentage for 2013 (lin					17	%
18	Investment income percentage from 2012 S					18	%
19 a	331/3% support tests - 2013. If the org						. $\square$
	17 is not more than 331/3 %, check thi	· ·	_	•			
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than $331/3\%$ , check		•				<del></del>
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions >

Schedule A (Form 990 or 990-EZ) 2013 Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2013

JSA

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SWA	RTHN	MORE COLLEGE	23-1352683
Par		Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Fun	
га	لي	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	CCOUITES.
		(a) Donor advised funds	(b) Funds and other accounts
1	Tota	al number at end of year	(1)
2		regate contributions to (during year)	
3		regate contributions to (during year)	
3 4		regate value at end of year	
5		the organization inform all donors and donor advisors in writing that the assets held in a	donor advised
		Is are the organization's property, subject to the organization's exclusive legal control?	
6		the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•		for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	-	ferring impermissible private benefit?	
Pai	t II	Conservation Easements. Complete if the organization answered "Yes" to Forn	
1		pose(s) of conservation easements held by the organization (check all that apply).	
			an historically important land area
			a certified historic structure
		Preservation of open space	
2	Com	nplete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
		ement on the last day of the tax year.	
			Held at the End of the Tax Year
а	Tota	al number of conservation easements	2a
b	Tota	al acreage restricted by conservation easements	2b
С	Num	nber of conservation easements on a certified historic structure included in (a)	2c
d	Num	nber of conservation easements included in (c) acquired after 8/17/06, and not on a	
	histo	oric structure listed in the National Register	2d
3	Num	nber of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
		year ▶	
4		ober of states where property subject to conservation easement is located $lacktriangle$	
5		s the organization have a written policy regarding the periodic monitoring, inspection, har	
		ations, and enforcement of the conservation easements it holds?	
6		f and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during the year
7		ount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	ts during the year
_			
8		s each conservation easement reported on line 2(d) above satisfy the requirements of sec	
_		nd section 170(h)(4)(B)(ii)?	Yes No
9		art XIII, describe how the organization reports conservation easements in its revenue and ince sheet, and include, if applicable, the text of the footnote to the organization's financial	· · · · · · · · · · · · · · · · · · ·
		anization's accounting for conservation easements.	ai statements that describes the
Pai	t III	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the	e organization elected, as permitted under SEAS 116 (ASC 958), not to report in its re	evenue statement and halance shee
ıu	work	e organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rocks of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	-	lic service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b		e organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
		ks of art, historical treasures, or other similar assets held for public exhibition, educ lic service, provide the following amounts relating to these items:	ation, or research in futilierance of
			<b>▶</b> \$
	(ii) A	Revenues included in Form 990, Part VIII, line 1	<b>\$</b> 4,666,000
2		ne organization received or held works of art, historical treasures, or other similar a	
_		owing amounts required to be reported under SFAS 116 (ASC 958) relating to these items	<u> </u>
а			
b	Asse	enues included in Form 990, Part VIII, line 1	<b>▶</b> \$ 4,666,000

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013

Sched	dule D (Form 990) 2013									Page <b>2</b>
Par	t    Organizations Maintaini	ng Collections o	f Art, Histo	orical T	reasures	s, or O	her Similar	Asset	t <b>s</b> (contii	nued)
3	Using the organization's acquisition		other record	ds, checl	k any of t	the follo	wing that are	a sign	ificant us	e of its
	collection items (check all that app	oly):		-						
а	X Public exhibition		d		or exchan					
b	X Scholarly research		е	Other						
С	X Preservation for future gene									
4	Provide a description of the orga	nization's collection	s and expla	in how t	they furth	er the o	rganization's e	exempt	purpose	in Part
	XIII.									
5	During the year, did the organization							Г	¬.,	77
D	assets to be sold to raise funds rath								Yes	X No
Par	t IV Escrow and Custodial Ar or reported an amount of			e organ	ization a	nswered	Tryes to Fol	m 990	), Part IV	, line 9,
	or reported an amount of	iri oiiii 990, Fait	Λ, ΙΙΙΙΘ Ζ Ι .							
1a	Is the organization an agent, truste	e custodian or othe	er intermedia	ary for co	ntribution	s or othe	er assets not			
·u	included on Form 990, Part X?			-	on this delication	0 01 0111	or addete not		Yes	No
b	If "Yes," explain the arrangement in				ole:			L	103	
				9	Г		Amo	ount		
С	Beginning balance				1	С				
	Additions during the year					d				
	Distributions during the year					е				
	Ending balance					f				
	Did the organization include an am								Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the exp	lanation	has been	provided	l in Part XIII			
Par	t V Endowment Funds. Com	plete if the organ	ization ans	wered "	Yes" to F	orm 99	0, Part IV, Iin	e 10.		
		(a) Current year	(b) Prior			ears back	(d) Three year		(e) Four ye	
	Beginning of year balance	1634685000.				83000.				75000.
	Contributions	10,999,000.	15,694	1,000.	7,19	4,000.	2,716,	000.	1,74	6,000.
С	Net investment earnings, gains,									
	and losses	293,055,000.				8,000.			169,56	
	Grants or scholarships	13,225,000.	12,432	2,000.	11,45	8,000.	10,931,	000.	10,70	4,000.
е	Other expenditures for facilities									
	and programs	42,871,000.				0,000.				1,000.
	Administrative expenses	5,974,000.		3,000.	4,50					8,000.
g	End of year balance	1876669000.				75000.		000.	12492	54000.
2	Provide the estimated percentage			(line 1g,	column (a	a)) held a	S:			
a	Board designated or quasi-endowr		0 % 							
	Permanent endowment ▶ 58.0 Temporarily restricted endowment									
C	The percentages in lines 2a, 2b, a	•								
22	Are there endowment funds not in	·		tion that	are held :	and adm	injetared for the	۵		
Sa	organization by:	the possession of	ille Organiza	lion mai	are rielu i	and adm	inistered for the	5	V.	No.
	(i) unrelated organizations								3a(i)	S No X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related org								3b	
4	Describe in Part XIII the intended u	•	•						OB	
•	t VI Land, Buildings, and Equ									
ıaı	Complete if the organiza	ation answered "Y	es" to Form	990, Pa	art IV, lin	e 11a. S	See Form 990			
	Description of property		or other basis stment)		or other basis ther)		ccumulated preciation	(d	) Book value	:
1a	Land				757,000				5,757	,000.
	Buildings				80,000		915,000.		241,965	
	Leasehold improvements					<u> </u>				
	Equipment			19,1	84,000	. 17,	943,000.		1,241	,000.
	Other				66,000					,000.
	I. Add lines 1a through 1e. (Column		m 990. Part 2					-	253,629	

Schedule D (Form 990) 2013			Page 3
Part VII Investments - Other Securities.  Complete if the organization answered	"Vos" to Form 000	Part IV line 11h See Form 990 F	Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n:
(1) Financial derivatives		,	
(2) Closely-held equity interests			
(3) Other			
(A) FIXED INCOME	37,475,000.	FMV	
(B) PUBLIC EQUITY	241,960,000.	FMV	
(C) REAL ASSETS	160,358,000.	FMV	
(D) PRIVATE EQUITY	323,167,000.	FMV	
(E) MARKETABLE ALTERNATIVES	229,661,000.	FMV	
(F) OTHER	1,810,000.	FMV	
(G)			
(H)	994,431,000.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►  Part VIII Investments - Program Related.	JJ4,431,000.		
Complete if the organization answered	"Yes" to Form 990.	Part IV. line 11c. See Form 990. F	art X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n:
(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" to Form 990.	Part IV. line 11d. See Form 990. F	Part X. line 15.
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li.	'no 15 )		
Part X Other Liabilities.	ne 10.).		
Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book valu	е	
(1) Federal income taxes			
(2) EMPLOYEE AND FORMER EMPLOYEES	18,062,0		
(3) CONDITIONAL GIFT LIABILITY	24,759,0		
(4) DONORS	14,718,0		
(5) CONDITIONAL ASSET RETIREMENT OBLIGA	1,060,0	000.	
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 58,599,0	000	
i viai. (Ooiumii (D) musi equal Form 990, Part A, COI. (D) IME 23.)	50,555,0	,	

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

PAGE 94

Schedule D (Form 990) 2013 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	389,421,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	157,936,729.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	157,936,729.
3	Subtract line 2e from line 1			3	231,484,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,974,000.		
b	Other (Describe in Part XIII.)	4b	28,940,729.		
С	Add lines 4a and 4b			4c	34,914,729.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	266,399,000.
Part	XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered "Yes" to Form 990, Part IV			ırn.	
1	Total expenses and losses per audited financial statements			1	135,955,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.) Add lines 2a through 2d	2d			
е	Add inics za through za			2e	
3	Subtract line 2e from line 1			3	135,955,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,974,000.		
b	Other (Describe in Part XIII.)	4b	26,813,729.		
С	Add lines 4a and 4b			4c	32,787,729.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	) <u></u>		5	168,742,729.
Provid	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
		oroviac	any additional infon	nation	•
	PAGE 5				

JSA 3E1271 1.000 Schedule D (Form 990) 2013

#### Part XIII Supplemental Information (continued)

PART III, LINE 4

THE COLLEGE MAINTAINS A SMALL PERMANENT COLLECTION OF ART THAT IS USED IN TEACHING (E.G., COURSES IN STUDIO ART AND ART HISTORY) AND PROVIDES STUDENTS WITH RESEARCH OPPORTUNITIES.

PART V, LINE 4

BESIDES SCHOLARSHIPS, THE SWARTHMORE COLLEGE ENDOWMENT PROVIDES FUNDING FOR A VARIETY OF PROGRAMS INCLUDING PROFESSORSHIPS, FACULTY AND STUDENT RESEARCH, LIBRARY AND ACADEMIC SUPPORT, AWARDS AND PRIZES, COMMUNITY SERVICE, FACILITIES AND GROUNDS, DEBT SERVICE AND CAPITAL PROJECTS AS WELL AS GENERAL BUDGET SUPPORT.

PART X, LINE 2

PER THE REQUIREMENT TO ASSESS UNCERTAIN TAX POSITIONS, NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THE STANDARD. THE COLLEGE WILL CONTINUE TO MONITOR AND EVALUATE ITS UNRELATED BUSINESS ACTIVITY.

PART XII, LINE 4B

LINE 4B, OTHER: THIS FIGURE REPRESENTS THE FOLLOWING:

COSTS OF RENTAL HOUSING (1,248,271)

2,127,000 CHANGE IN PRESENT VALUE OF LIFE INCOME FUNDS

STUDENT AID 28,062,000

TOTAL 28,940,729

Schedule D (Form 990) 2013

3E1226 1.000 9545JV 1467 V 13-7.15 AMENDED RETURN PAGE 96 Schedule D (Form 990) 2013 SWARTHMORE COLLEGE 23-1352683 Page 5

Part XIII Supplemental Information (continued)

PART XIII, LINE 4B

LINE 4B, OTHER: THIS FIGURE REPRESENTS THE FOLLOWING:

COSTS OF RENTAL HOUSING (1,248,271)

STUDENT AID 28,062,000

TOTAL 26,813,729

Schedule D (Form 990) 2013

3E1226 1.000 9545JV 1467 V 13-7.15 AMENDED RETURN PAGE 97

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

#### **Schools**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** SWARTHMORE COLLEGE 23-1352683 Part I YES NO

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes 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	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5с		Х
d	Scholarships or other financial assistance?	5d		Х
	'			
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
-				
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	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	Х	
=	Propriet Politation Act Nation on the Instructions for Form 000 or Form 000 E7			

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

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E (Form 990 or 990-EZ) (2013) Page 2

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

PART I, LINE 3

THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING AS WELL AS IN THE COLLEGE CATALOGS. IT IS ALSO IN PRINT IN VARIOUS LOCATIONS ON CAMPUS.

PART I, LINE 6A

THE COLLEGE PARTICIPATES IN FIVE FEDERAL STUDENT FINANCIAL AID PROGRAMS: FEDERAL PELL, FSEOG, FEDERAL WORK STUDY, FEDERAL PERKINS LOAN AND FEDERAL STAFFORD LOAN PROGRAMS. THE COLLEGE ALSO PARTICIPATES IN THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY (PHEAA) STUDENT GRANT PROGRAM. THE ONLY DIRECT FINANCIAL ASSISTANCE RECEIVED BY THE COLLEGE FROM A GOVERNMENTAL AGENCY IS THE PHEAA INSTITUTIONAL ASSISTANCE GRANT.

Schedule E (Form 990 or 990-EZ) (2013)

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-1352683

SWA	RTHMORE COLLEGE				23-1352683	3
Par	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistance	e, and the selection criteri	_	Yes No
2	For grantmakers. Describe in assistance outside the United Sta	ates.			_	and other
	Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	10,000.
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	88,641.
(3)	EUROPE			PROGRAM SERVICES	STUDY ABROAD	981,885.
(4)	SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	116,204.
(5)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	N/A	135,506,941.
(6)	EUROPE			INVESTMENTS	N/A	56,834,730.
(7)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS	N/A	105,000.
(8)	NORTH AMERICA			INVESTMENTS	N/A	574,873.
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>						
3a b	Total from continuation sheets to Part I					194,218,274.
c	Totals (add lines 3a and 3b)					194,218,274.

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

Schedule F (Form 990) 2013

Page 2 Schedule F (Form 990) 2013

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	ter total number of recipient the IRS, or for which the gra								

SWARTHMORE COLLEGE

Schedule F (Form 990) 2013 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed Part III

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
12)							
3)							
4)							
5)							
6)							
7)							
8)							

SWARTHMORE COLLEGE 23-1352683

<u>Schedule F</u> (Form 990) 2013 Page **4** 

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)	X 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 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)	Yes	X 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	X 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)	X 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)	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

SWARTHMORE COLLEGE 23-1352683

 Schedule F (Form 990) 2013
 Page 5

# Part V Supplem

Supplemental Information
Complete this part to 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).

JSA Schedule F (Form 990) 2013

3E1502 1.000 9545JV 1467 V 13-7.15 AMENDED RETURN PAGE 104

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

Department of the Treasury ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number SWARTHMORE COLLEGE 23-1352683 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 MARTS & LUNDY, 1200 GENERAL 24,575,808. WALL ST, LYNDHURST, NJ CONSULTING Χ 24,613,914 38,106. 2 VALERIE M. JONES ASSOCIAT GENERAL 210 IDLEWILD LN, MEDIA, PA CONSULTING Х 726,479 5,444 721,035. 3KIMBIA, 1050 EAST 11TH ST GENERAL (SUITE 200) AUSTIN, TX 787 CONSULTING 312,607 25,160 287,447. X 6 7 8 9 10 25,653,000. 68,710. 25,584,290. Total  $\triangleright$ 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. ALL STATES

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 Page 2

Pa	rt l	than \$15,000 of fundraising ever	nt contr							
		gross receipts greater than \$5,00		(a) Event #1		(b) Event	#2	(c) Other e	vents	(d) Total events (add col. (a) through
				(event type)	_   -	(event type	e)	(total numb	per)	col. <b>(c)</b> )
une										
Revenue	1	Gross receipts								
_	2	Less: Contributions								
	3	Gross income (line 1 minus								
_		line 2)								
	4	Cash prizes								
	5	Noncash prizes								
enses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Dire	8	Entertainment								
	9	Other direct expenses								
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 throug	gh 9 in column ( Lline 3. column	(d)					
Pa	rt I	Gaming. Complete if the orga	anizati	ion answered						rted more
		than \$15,000 on Form 990-E	ΞZ, lin∈ ⊤	e 6a.	_					(NT )   ( )
Revenue				(a) Bingo	b	<b>(b)</b> Pull tabs/i ingo/progressi		(c) Other ga	aming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue								
es		Cash prizes								
Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
_	5	Other direct expenses								
		Volunteer labor		Yes	%	Yes	%	Yes	%	
	7	Direct expense summary. Add lines 2	2 throu	gh 5 in column (	(d)				•	
	8	Net gaming income summary. Subtra	act line	7 from line 1, c	olum	n (d)			>	
•	_	mtor the otato(a) in which the arranizat	tion on	arataa gaming s	4 : : 4	:·				
9		nter the state(s) in which the organizat the organization licensed to operate o					?			Yes No
		"No," explain:								
10 a	ı W	ere any of the organization's gaming I	license	s revoked, susp	pend	ed or termina	ated durir	ng the tax yea	r?	Yes No
ŀ		"Yes," explain:								

23-1352683

SWARTHMORE COLLEGE

Sched	tule G (Form 990 or 990-EZ) 2013	Page 3
11	Does the organization operate 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?	No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ▶	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶\$	
	Description of any language that N	
	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	
а	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	110
D	or spent in the organization's own exempt activities during the tax year > \$	
Par		
ı aı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2013

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

SWARTHMORE COLLEGE						23-1352683	
Part I General Information on Grants and	l Assistance	)				•	
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	or assistance	9?					X Yes No
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnments at received	s and Organize more than \$5,	<b>ations in the Uni</b> 000. Part II can b	ted States. Com e duplicated if a	plete if the organiz dditional space is n	ation answered "Yeeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)	_						
	_						
	_						
	_						
	_						
	_						
	_						
	_						
	_						
(10)	_						
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and g</li> <li>Enter total number of other organizations list</li> <li>For Paperwork Reduction Act Notice, see the Ir</li> </ul>	ed in the line	1 table	ted in the line 1 tab	le		<u></u>	 

Schedule I (Form 990) (2013) Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SWARTHMORE COLLEGE FUNDS/SCHOLARSHIPS	789.	28,062,000.		N/A	N/A
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART III

ALL SWARTHMORE COLLEGE SCHOLARSHIPS ARE DISBURSED/POSTED ELECTRONICALLY

(AND INTERNALLY) DIRECTLY TO THE STUDENTS ACCOUNT. FURTHERMORE, STUDENTS

RECEIVING SAID FUNDS ARE UNABLE TO WITHDRAWAL IT FROM THEIR STUDENT

ACCOUNT.

Schedule I (Form 990) (2013)

9545JV 1467 V 13-7.15 AMENDED RETURN

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

Department of the Treasury

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization SWARTHMORE COLLEGE

Employer identification number 23-1352683

Pan	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L.	If any of the haves on line to are checked did the arranization follows a written nation regarding narrant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Х	
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	X	
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.			
	X   Compensation committee   X   Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

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

	<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation			benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
SUZANNE P. WELSH	(i)	325,511.	C	C	25,500.	18,615.	369,626.	0
1 VP FINANCE & TREASURER	(ii)	0	C	c	d	0	0	0
THOMAS STEPHENSON	(i)	225,027.	C	C	87,366.	36,054.	348,447.	0
2 PROVOST	(ii)	0	0	C	0	0	0	0
MAURICE G. ELDRIDGE	(i)	244,843.	8,522.	C	24,446.	8,426.	286,237.	0
3 VP COLLEGE & COMMUNITY REL.	(ii)	0	0	C	0	0	0	0
KARL W. CLAUSS	(i)	249,537.	C	C	25,040.	59,840.	334,417.	0
4 VP DEVELOPMENT & ALUMNI REL.	(ii)	0	C	C	0	0	0	0
MARK C. AMSTUTZ	(i)	219,682.	C	<u> </u>	22,429.	16,000.	258,111.	0
5 MANAGING DIRECTOR OF INV.	(ii)	0	C	C	0	0	0	0
C. STUART HAIN	(i)	204,347.	C	C	20,570.	2,080.	226,997.	0
6 VP FACILITIES & SERVICES	(ii)	0	C	C	0	0	0	0
JAMES L. BOCK III	(i)	196,353.	C	<u> </u>	20,314.	18,171.	234,838.	0
7 DEAN OF ADMISSIONS & FIN. AID	(ii)	0	C	C	0	0	0	0
PAMELA PRESCOD-CAESAR	(i)	176,325.	3,893.	C	17,806.	24,515.	222,539.	0
8 VP HUMAN RESOURCES	(ii)	0	С	C	0	0	0	0
H. ELIZABETH BRAUN	(i)	179,118.	3,893.	C	18,595.	59,354.	260,960.	0
9 DEAN OF STUDENTS	(ii)	0	C	C	0	0	0	0
NANCY NOWICKI NICELY	(i)	211,409.	3,551.	C	21,266.	18,435.	254,661.	0
10 SECRETARY & VP FOR COMMUNICATI	(ii)	0	C	C	0	0	0	0
ROBINSON G. HOLLISTER	(i)	192,500.	C	<u> </u>	17,815.	15,857.	226,172.	0
11 PROFESSOR	(ii)	0	С	C	0	0	0	0
REBECCA S. CHOPP	(i)	576,111.	14,386.	C	192,168.	67,695.	850,360.	0
12 PRES./EX OFFICIO	(ii)	0	С	C	0	0	0	0
PETER J. COLLINGS	(i)	206,987.	C	C	19,847.	8,251.	235,085.	0
13 PROFESSOR	(ii)	0	С	C	0	0	0	0
EILEEN E. PETULA	(i)	148,778.	C	C	15,220.	8,689.	172,687.	0
14 TREASURER & ASSOC VP FOR FIN.	(ii)	0	С	C	0	0	0	0
STEPHEN O'CONNELL	(i)	208,989.	[C	<u> </u> C	14,413.	48,123.	271,525.	0
15 PROFESSOR	(ii)	0	С	C	0	0	0	0
NELSON MACKEN	(i)	213,863.	[C	) 	19,857.	15,795.	249,515.	0
16 PROFESSOR	(ii)	0	C	C	0	0	0	0

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

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

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
ALLEN SCHNEIDER	(i)	204,585.	(	) (	21,100.	15,843.	241,528.	0
1 PROFESSOR	(ii)	C	(	)	)d	0	(	0
	(i)							
_2	(ii)							
	(i)							
_3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)			ļ				
_6	(ii)							
	(i)			ļ 				
7	(ii)							
	(i)			ļ +				
8	(ii)							
	(i)			 +				
9	(ii)							
	(i)							
10	(ii)							
	(i)			ļ				
11	(ii)							
	(i)			ļ				
12	(ii)							
	(i)			ļ				
13	(ii)							
	(i)		ļ	<del> </del>				
_14	(ii)							
	(i)		<u> </u>	<del> </del>				
15	(ii)							
	(i)		<u> </u>	<del> </del>				
16	(ii)							1 1 1/5 200) 2010

Schedule J (Form 990) 2013

JSA 3E1291 1.000

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Schedule J (Form 990) 2013

### Part | Supplemental Information

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

PART III, LINE 1A

FIRST CLASS TRAVEL - IN GENERAL, IT IS THE COLLEGE'S POLICY THAT FIRST CLASS TRAVEL IS NOT AUTHORIZED FOR COLLEGE EMPLOYEES TRAVELING ON COLLEGE BUSINESS. HOWEVER, IN RECOGNITION THAT THE PRESIDENT TYPICALLY WORKS DURING FLIGHTS, ATTENDS DIRECTLY TO BUSINESS UPON ARRIVAL, AND CANNOT SCHEDULE IN TIME FOR ADEQUATE REST, THE BOARD OF MANAGERS HAS APPROVED THE USE OF FIRST CLASS TRAVEL FOR THE PRESIDENT ON DOMESTIC AND INTERNATIONAL FLIGHTS OVER THREE HOURS IN LENGTH. THIS POLICY EXTENDS TO THE PRESIDENT'S SPOUSE WHEN HE OR SHE ACCOMPANIES THE PRESIDENT ON BUSINESS TRAVEL. FOR ALL OTHER EMPLOYEES (FACULTY AND STAFF), FIRST CLASS TRAVEL MUST BE PRE-APPROVED BY THE PRESIDENT OR HIS/HER DESIGNATE.

TRAVEL FOR COMPANIONS - IN CERTAIN AUTHORIZED CIRCUMSTANCES THE COLLEGE WILL PAY, OR WILL REIMBURSE FOR THE TRAVEL, MEALS AND EXPENSES OF THE SPOUSE/PARTNER OF AN EMPLOYEE UNDER THE COLLEGE'S ACCOUNTABLE PLAN.

REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE EMPLOYEE UNLESS THE COMPANION TRAVEL IS 1) FOR A BONA FIDE BUSINESS PURPOSE, 2) DIRECTLY BENEFITS THE COLLEGE, AND 3) IS PROPERLY DOCUMENTED AND APPROVED. ANY

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

### Part | Supplemental Information

Complete this part to 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.

SPOUSE/PARTNER TRAVEL OTHER THAN THE PRESIDENT MUST BE APPROVED, IN ADVANCE, BY THE PRESIDENT OR HIS/HER DESIGNATE.

TAX GROSS-UP - RETIREMENT PAYMENTS TO EMPLOYEES MAY INCLUDE A GROSS-UP FOR A PORTION OF THE BENEFITS PAID.

RESIDENCE REQUIREMENT - AS A CONDITION OF EMPLOYMENT THE PRESIDENT, THE

DEAN OF STUDENTS & VICE-PRESIDENT DEVELOPMENT & ALUMNI RELATIONS

MAINTAINED THEIR FULL TIME RESIDENCE IN COLLEGE-PROVIDED HOUSING AND USED

THE RESIDENCE FOR COLLEGE BUSINESS AND ENTERTAINMENT PURPOSES.

SOCIAL CLUB DUES - MEMBERSHIP DUES WERE PROVIDED TO THREE NEW YORK
UNIVERSITY CLUBS TO BE USED PRIMARILY FOR BUSINESS PURPOSES

(ENTERTAINMENT / TRAVEL).

ADDITIONAL INFORMATION FOR PART II OF SCHEDULE J:

DEFERRED COMPENSATION FIGURES PROVIDED INCLUDE EMPLOYER CONTRIBUTIONS TO

Schedule J (Form 990) 2013

### Part | Supplemental Information

Complete this part to 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.

A QUALIFIED RETIREMENT PLAN.

REBECCA S. CHOPP - DEFERRED COMPENSATION ALSO INCLUDES ACCRUED LEAVE COMPENSATION AND BENEFITS.

REBECCA S. CHOPP - NON-TAXABLE BENEFITS FIGURE INCLUDES A HOUSING ALLOWANCE. SEE "RESIDENCE REQUIREMENT" ABOVE.

KARL W. CLAUSS - NON-TAXABLE BENEFITS FIGURE INCLUDES A HOUSING ALLOWANCE. SEE "RESIDENCE REQUIREMENT" ABOVE.

THOMAS STEPHENSON - DEFERRED COMPENSATION ALSO INCLUDES ACCRUED LEAVE COMPENSATION AND BENEFITS.

H. ELIZABETH BRAUN - NON-TAXABLE BENEFITS FIGURE INCLUDES A HOUSING ALLOWANCE. SEE "RESIDENCE REQUIREMENT" ABOVE.

GREGORY N. BROWN - BECAME AN OFFICER IN JUNE 2014. AS A RESULT, HAD NO

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Schedule J (Form 990) 2013 Page 3

### Part | Supplemental Information

Complete this part to 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.

REPORTABLE COMPENSATION FOR THE CALENDAR YEAR 2013.

Schedule J (Form 990) 2013

JSA 3E1505 1.000

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## SCHEDULE K (Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

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

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
SWARTHMORE COLLEGE
23-1352683

Part I Bond Issues (a) Issuer name (t	b) Issuer EIN	(c) CUSIP #	(d) Date issue	ed <b>(e)</b> I	ssue price	<b>(f)</b> De	escription of pu	pose	( <b>g</b> ) De	feased	(h) C behal issu	lf of	(i) Poo	
									Yes	No	Yes	No	Yes	1
A SWARTHMORE COLLEGE BOROUGH AUTHORITY 23	3-2243929	870000FJ0	12/20/200	6 7	9,638,446.	SEE PART VI				Х		Х		
B SWARTHMORE COLLEGE BOROUGH AUTHORITY 23	3-2243929	870000GN0	06/29/201	.1 3	0,383,328.	SEE PART VI				Х		Х	<u> </u>	Ŀ
•														
C SWARTHMORE COLLEGE BOROUGH AUTHORITY 2:	3-2243929	870000GY6	12/21/201	1 1	7,177,979.	SEE PART VI				Х		Х	<del></del>	2
D SWARTHMORE COLLEGE BOROUGH AUTHORITY 23	3-2243929	870000JG2	07/31/201	3 5	2 616 042	SEE PART VI				x		Х		
Part II Proceeds	, 2213,23	707000002	0,7,51,101	.5   5	2702070121	555 11111 11			<u> </u>					_
					Α		В	C	;			D		
1 Amount of bonds retired														
2 Amount of bonds legally defeased														
3 Total proceeds of issue				79,	638,446	. 30,3	83,328.	17,1	77,97	9.	52	2,61	6,04	2
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					656,894	. 3	30,328.	1	37,34	9.	353,5			,]
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds								17,0	40,63	0.				
11 Other spent proceeds				78,	981,552	. 30,0	53,000.							
12 Other unspent proceeds											18	3,38	0,65	9
13 Year of substantial completion														_
<u> </u>				Yes	No	Yes	No	Yes	No		Yes	;	No	,
14 Were the bonds issued as part of a current refunding iss	sue?				Х	X			Х		Х			
15 Were the bonds issued as part of an advance refunding	issue?			Х			Х		Х				Х	
16 Has the final allocation of proceeds been made?				Х		X		Х					Х	
17 Does the organization maintain adequate books														Т
final allocation of proceeds?				Х		X		Х			Х			
Part III Private Business Use														
					Α		В	(				D		
1 Was the organization a partner in a partnership, or				Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-exempt bonds?									X				Х	
2 Are there any lease arrangements that may resu bond-financed property?									Х				Х	
or Paperwork Reduction Act Notice, see the Instructions for For									Λ				~ 000\	_

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

Schedule K (Form 990) 2013

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Schedule K (Form 990) 2013

Pa	rt III Private Business Use (Continued)	FY14								
			Α		В		С		D	
3a	Are there any management or service contracts that may result in private busines	SS Yes	No	Yes	No	Yes	No	Yes	No	
	use of bond-financed property?						X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside couns to review any management or service contracts relating to the financed property?						Х		х	
С	Are there any research agreements that may result in private business use of bond financed property?									
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe 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 entitied 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 result of unrelated trade or business activity carried on by your organizatio another section 501(c)(3) organization, or a state or local government	on, . ▶	%		%		.1500 %		.4200	%
_6_	Total of lines 4 and 5		%		%		.1500 %	1	.4200	%
_7_	Does the bond issue meet the private security or payment test?						X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued	?.	Х		Х		Х		Х	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%			%
С	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?					Х		X		
Pa	rt IV Arbitrage	1					•			
			Α		В		С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction ar	nd Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X		Х		X		Х	
2	If "No" to line 1, did the following apply?									
	Rebate not due yet?		X	X		X		X		
	Exception to rebate?		X	X						
	No rebate due?			X		Х		Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebacomputation was performed	te								
3	Is the bond issue a variable rate issue?		Х		Х		Х		Х	_
	Has the organization or the governmental issuer entered into a qualified hedge with	th								
	respect to the bond issue?		X		X		X		X	
h	Name of provider				'		-1			
	Term of hedge									
	Was the hedge superintegrated?									
	Was the hedge terminated?								†	
<u> </u>	The the heage terminated.	• •	l							—

JSA 3E1296 1.000 Schedule K (Form 990) 2013

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Schedule K (Form 990) 2013 Page 3

Part IV Arbitrage (Continued)			В		1			
	A					C		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		X
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> 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?		Х		Х		Х		Х
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							1	
		A		В		С		D
Has the organization established written procedures to ensure that violations	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		Х	
Part VI Supplemental Information. Provide additional information for responses to	o question	s on Sche	edule K (se	ee instruct	ions).			

Schedule K (Form 990) 2013

JSA 3E1328 1.000

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### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, COLUMN (F) - "DESCRIPTION OF PURPOSE" FOR BONDS ISSUED

PART I, LINE A

THE PROCEEDS OF THE BONDS ISSUED ON 12/20/2006 WERE USED TO ADVANCE REFUND A PORTION OF THE SWARTHMORE COLLEGE REVENUE BONDS, SERIES OF 1998, ISSUED ON 7/1/98, TO ADVANCE REFUND A PORTION OF THE SWARTHMORE COLLEGE REVENUE BONDS, SERIES OF 2001, ISSUED ON 7/25/01, AND TO FUND THE COSTS OF ISSUING THE 2006A BONDS.

PART I, LINE B

THE PROCEEDS OF THE BONDS ISSUED ON 6/29/2011 WERE USED TO REFUND THE SWARTHMORE COLLEGE REVENUE BONDS, SERIES 2001, ISSUED ON 7/25/2001, AND TO FUND THE COSTS OF ISSUING THE 2011 BONDS.

PART I, LINE C

THE PROCEEDS OF THE BONDS ISSUED ON 12/21/2011 WILL BE USED FOR VARIOUS TAX-EXEMPT CAPITAL PROJECT AND TO FUND THE COST OF ISSUING THE 2011B BONDS.

PART I, LINE D

THE PROCEEDS OF THE BONDS ISSUED ON 7/21/2013 WERE USED TO REFUND THE SWARTHMORE COLLEGE REVENUE BONDS, SERIES 2008 ISSUED ON 4/30/2008 AND

JSA 3E1511 2.000 Schedule K (Form 990) 2013 AMENDED RETURN

Page 4

Schedule K (Form 990) 2013

### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SERIES 2009 ISSUED ON 7/29/2009, USED FOR VARIOUS TAX EXEMPT CAPITAL

PROJECTS AND TO FUND THE COSTS OF ISSUING THE 2013 BONDS.

PART II, LINE 13 - YEAR OF SUBSTANTIAL COMPLETION

FOR THE 12/20/2006 AND 6/30/2011 BONDS (COLUMNS A AND B), THESE BONDS

SOLELY REFUNDED PRIOR BOND ISSUES SO THAT YEAR OF SUBSTANTIAL COMPLETION

HAS NOT YET BEEN ENTERED.

FOR THE 12/21/2011 AND 7/31/2013 BONDS (COLUMNS C AND D), HAVE NOT YET

MET THE DEFINITION OF "SUBSTANTIAL COMPLETION". AS A RESULT, NO YEAR HAS

BEEN ENTERED.

PART IV, LINE 2C - DATE REBATE COMPUTATION WAS PERFORMED

COLUMN A: 09/30/2011

COLUMN B: 06/28/2012

COLUMN C: 12/20/2014

COLUMN D: 07/30/2014

JSA 3E1511 2.000 Schedule K (Form 990) 2013

### SCHEDULE L

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	9	<b> //</b>
SWARTHMO	DRE COLLEGE	23-1352683
Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations of	nly).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Fo	orm 990-F7 Part V line 40h

	<u> </u>				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	•	the organization managers or disqualified p	<u> </u>	·	
3		ne 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	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) JAMES L BOCK III	OFFICER	MORTGAGE		Х	340,000.	242,226.		Х	Х		Х	
(2) GREGORY N. BROWN	OFFICER	MORTGAGE		Х	410,000.	407,175.		X	Х		X	
(3) MAURICE G. ELDRIDGE	OFFICER	MORTGAGE		Х	197,022.	95,718.		X	Х		X	
(4) PAMELA PRESCOD-CAESAR	OFFICER	MORTGAGE		Х	315,500.	314,132.		X	Х		X	
(5) THOMAS STEPHENSON	OFFICER	MORTGAGE		Х	328,000.	227,172.		X	Х		X	
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	1,286,423.						

#### 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<u>(10)</u>				

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

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	organi	aring of ization's nues?
				Yes	No
(1) MARSHFIELD ASSOCIATES	SEE PART V	204,232.	INVESTMENT MGT. FEES		Х
(2) TEMIN AND COMPANY, INC.	SEE PART V	298,050.	CONSULTING FEES		Х
_(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

SCHEDULE L, PART IV, LINE 1B

CHRISTOPHER M. NIEMCZEWSKI AND HIS FAMILY HAVE AN OWNERSHIP INTEREST IN

MARSHFIELD ASSOCIATES.

SCHEDULE L, PART IV, LINE 2B

DAVIA TEMIN HAS AN OWNERSHIP INTEREST IN TEMIN & COMPANY.

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

### **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

**Employer identification number** SWARTHMORE COLLEGE 23-1352683

Part	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	Method o		_	,
1	Art - Works of art			1 om coo, rar viii, iiio ig				
2	Art - Historical treasures				-			
3	Art - Fractional interests							
3 4	Books and publications	X		101,110.	FAIR MARK	ET V	/ALUF	<u> </u>
5	Clothing and household			202/2201				
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	123.	4,635,561.	FAIR MARK	ET V	/ALUE	
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 orga	nization during the tax ye	ar for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
						لـــــا	Yes	No
30 a	During the year, did the organizat		• • • • • • • • • • • • • • • • • • • •	•				
	it must hold for at least three yea							
	used for exempt purposes for the e		period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31		X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a	) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page 2

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

SCHEDULE M EXPLANATIONS

THE COLLEGE MAINTAINS ACCOUNTS AT SEVERAL BROKERAGE FIRMS TO FACILITATE THE SALE OF ANY NON-CASH CONTRIBUTIONS IT MAY RECEIVE. THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS MADE (NOT THE NUMBER OF ITEMS RECEIVED).

Schedule M (Form 990) (2013) JSA

3E1508 1.000 9545JV 1467 V 13-7.15 AMENDED RETURN PAGE 125

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SWARTHMORE COLLEGE

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

Employer identification number 23-1352683

AMENDED RETURN - EXPLANATION OF CHANGES

THE JUNE 30, 2014 FORM 990 OF SWARTHMORE COLLEGE IS BEING AMENDED IN ORDER TO CORRECT THE INFORMATION PREVIOUSLY REPORTED RELATED TO FORM 990, PART VII, SECTION B- TOP FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS AND TOTAL NUMBER OF INDEPENDENT CONTRACTORS COMPENSATED OVER \$100,000.

\_\_\_\_\_\_

PART VI, LINE 2

EUGENE M. LANG AND JANE LANG (FAMILY RELATIONSHIP).

MARGE PEARLMAN SCHEUER AND ELIZABETH H. SCHEUER (FAMILY RELATIONSHIP).

PART VI, LINE 11 & 11A

THE FORM 990 IS PREPARED INTERNALLY BY SWARTHMORE COLLEGE. IT IS REVIEWED BY THE APPROPRIATE SENIOR MANAGEMENT AND A NATIONALLY RECOGNIZED ACCOUNTING FIRM. BEFORE THE FORM 990 IS FILED, IT IS PROVIDED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE, THE FINANCE COMMITTEE, AND THE BOARD OF MANAGERS FOR THEIR REVIEW.

\_\_\_\_\_

PART VI, LINE 12C

SWARTHMORE COLLEGE HAS TWO CONFLICT OF INTEREST POLICIES -- ONE FOR ITS BOARD MEMBERS AND ONE FOR EMPLOYEES. EACH YEAR ALL MEMBERS OF THE BOARD RECEIVE A SURVEY REMINDING THEM OF THE POLICY AND REQUESTING DISCLOSURE

AMENDED RETURN

23-1352683

OF BUSINESS AND CHARITABLE AFFILIATIONS, TRANSACTIONS WITH THE COLLEGE,
AND ANY POSSIBLE CONFLICTS. LIKEWISE, ALL SUPERVISORY STAFF OF THE
COLLEGE RECEIVES A SURVEY REMINDING THEM OF THE EMPLOYEE CONFLICT OF
INTEREST POLICY AND ASKING THEM FOR OTHER BUSINESS AND CHARITABLE
AFFILIATIONS, TRANSACTIONS WITH THE COLLEGE, AND ANY POSSIBLE CONFLICTS
FOR THEMSELVES OR ANY MEMBER OF THE STAFF REPORTING TO THEM. THE AUDIT
AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF MANAGERS RECEIVES A SUMMARY
OF ALL RESPONSES AND ADDRESSES POSSIBLE CONFLICTS WHICH ARISE.

-----

PART VI, LINE 15B

FOR EACH COMPENSATED OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE, THE INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD MEETS TO REVIEW CERTAIN COMPARATIVE DATA THAT IS PROVIDED BY AN INDEPENDENT CONSULTANT. THE COMPENSATION COMMITTEE OF THE BOARD THEN MEETS WITH THE PRESIDENT REGARDING THE PERFORMANCE OF EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE (EXCLUDING THE PRESIDENT) AND RECEIVES RECOMMENDATIONS ABOUT RAISES FOR EACH OF THEM. THE COMPENSATION COMMITTEE OF THE BOARD THEN MEETS SEPARATELY TO DETERMINE THE COMPENSATION FOR EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE. THIS PROCESS IS COMPLETED ANNUALLY.

FOR THE PRESIDENT, THE COMPENSATION COMMITTEE OF THE BOARD ALSO MEETS TO REVIEW CERTAIN COMPARATIVE DATA THAT IS PROVIDED BY AN INDEPENDENT CONSULTANT. AFTER REVIEWING SAID INFORMATION, THE COMPENSATION COMMITTEE OF THE BOARD MEETS TO DETERMINE THE PRESIDENT'S COMPENSATION. THIS

Schedule O (Form 990 or 990-EZ) 2013 Page **2** 

Name of the organization

SWARTHMORE COLLEGE

23-1352683

PROCESS IS COMPLETED ANNUALLY.

\_\_\_\_\_

PART VI, LINE 19

THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AND FORM 990 AVAILABLE UPON REQUEST.

THE COLLEGE MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE VIA THE COLLEGE'S WEBSITE.

THE COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE VIA THE COLLEGE'S

WEBSITE.

\_\_\_\_\_

PART XI, LINE 9

CHANGE IN PRESENT VALUE OF LIFE INCOME FUNDS: (728,000)

CHANGE IN OTHER POST RETIREMENT BENEFITS: (1,399,000)

TOTAL (2,127,000)

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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SWARTHMORE STUDENTS ARE EXPECTED TO PREPARE THEMSELVES FOR FULL,
BALANCED LIVES AS INDIVIDUALS AND AS RESPONSIBLE CITIZENS THROUGH

EXACTING INTELLECTUAL STUDY SUPPLEMENTED BY A VARIED PROGRAM OF

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization Employer identification number SWARTHMORE COLLEGE 23-1352683

ATTACHMENT 1 (CONT'D)

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SPORTS AND OTHER EXTRACURRICULAR ACTIVITIES. THE PURPOSE OF

SWARTHMORE COLLEGE IS TO MAKE ITS STUDENTS MORE VALUABLE HUMAN BEINGS

AND MORE USEFUL MEMBERS OF SOCIETY. ALTHOUGH IT SHARES THIS PURPOSE

WITH OTHER EDUCATIONAL INSTITUTIONS, EACH SCHOOL, COLLEGE, AND

UNIVERSITY SEEKS TO REALIZE THAT PURPOSE IN ITS OWN WAY. SWARTHMORE

SEEKS TO HELP ITS STUDENTS REALIZE THEIR FULL INTELLECTUAL AND

PERSONAL POTENTIAL COMBINED WITH A DEEP SENSE OF ETHICAL AND SOCIAL

CONCERN.

ATTACHMENT 2

### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SWARTHMORE IS A CO-EDUCATIONAL COLLEGE OF LIBERAL ARTS AND ENGINEERING. THE AVERAGE ENROLLMENT FOR FISCAL YEAR 2013-14 WAS 1,506. THERE WERE 151 STUDENTS STUDYING ABROAD. OF THE TOTAL STUDENT POPULATION, 1,371 COME FROM ACROSS THE UNITED STATES WHILE 163 COME FROM VARIOUS FOREIGN NATIONS.

THE COLLEGE STRIVES TO MAKE IT POSSIBLE FOR ALL ADMITTED STUDENTS
TO ATTEND SWARTHMORE, REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES
AND TO ENABLE THEM TO COMPLETE THEIR EDUCATION IF FINANCIAL
REVERSALS TAKE PLACE. APPROXIMATELY 52% OF THE STUDENT BODY
RECEIVED FINANCIAL AID FROM THE COLLEGE IN FISCAL YEAR ENDING JUNE
30, 2014. THE COLLEGE IS COMMITTED TO MEETING ALL DEMONSTRATED
FINANCIAL NEED THROUGH SCHOLARSHIP AND STUDENT EMPLOYMENT.
DEMONSTRATED NEED IS ASSESSED BY CAREFUL REVIEW OF FAMILIES'

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization Employer identification number 23-1352683 SWARTHMORE COLLEGE

ATTACHMENT 2 (CONT'D)

FINANCIAL CIRCUMSTANCES.

SWARTHMORE COLLEGE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY FOR ALL QUALIFIED PERSONS, WITHOUT DISCRIMINATION AGAINST ANY PERSON BY REASON OF SEX, RACE, COLOR, AGE, RELIGION, NATIONAL ORIGIN, HANDICAP, OR SEXUAL ORIENTATION. THIS POLICY IS CONSISTENT WITH RELEVANT GOVERNMENTAL STATUES AND REGULATIONS, INCLUDING THOSE PURSUANT TO TITLE IX OF THE FEDERAL EDUCATION AMENDMENTS OF 1972 AND SECTION 504 OF THE FEDERAL REHABILITATION ACT OF 1973.

### ATTACHMENT 3

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CVMNEXT CONSTRUCTION 1002 W. 9TH AVENUE KING OF PRUSSIA, PA 19409	BUILDING CONTRACTOR	3,738,762.
CTC CONSTRUCTION, INC. P.O. BOX 256 MECHANICSVILLE, PA 18934	BUILDING CONTRACTOR	1,116,502.
HAMILTON LANE ADVISORS, LLC ONE PRESEDENTIAL BLVD, 4TH FL BALA CYNWYD, PA 19004	INVESTMENT ADVISORS	973,999.
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET BOSTON, MA 02110	INVESTMENT ADVISORS	915,188.
CTC CONSTRUCTION MANAGEMENT, INC. P.O. BOX 256 MECHANICSVILLE, PA 18934	BUILDING CONTRACTOR	828,487.

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

Department of the Treasury

Internal Revenue Service

Part I

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number SWARTHMORE COLLEGE 23-1352683

	(a) Name, address, and EIN (if applicable) of disregarded entity		F	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct co	ntrolling
(1) PARRI	SH LLC 4	6-0563007							
500 COLL	SH LLC 4 EGE AVE SWARTHMORE, PA 19	9081	INN	/RESTAURAN	PA	0	522.	SWARTH	MORE
_(2)							ı		
_(3)									
<u>_(4)</u>									
<u>_(5)</u>									
<u>(6)</u>									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if the tax year.	ne org	anization ansv	vered "Yes" on F	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ	rity	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
								Yes	No
_(1)									
_(2)									
_(3)									
<u>(4)</u>									
_(5)									
_(6)									

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000

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Schedule R (Form 990) 2013

Part III Identification of Rela because it had one or	ted Organizations more related orga	Taxable anizations	e as a Partnersh s treated as a pa	<b>ip</b> Complete if the artnership during the	organization an e tax year.	swered "Yes" o	on Fo	orm	990, Part IV, I	ine 3	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ij) eral or aging tner?	(k) Percentage ownership
		Country		000110110 012 011)			Yes	No		Yes	No	
<u>(1)</u>	_											
<u>(2)</u>	_											
<u>(3)</u>	-											
<u>(4)</u>	-											
<u>(5)</u>	-											
<u>(6)</u>	-											
	+						_	_		+-		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	512( cont	(i) ection (b)(13) trolled htity?
								Yes	No
(1) MARJAY PRODUCTIONS, INC. 13-1952572									
1007 ORANGE STREET, SUITE 1410 WILMINGTON, DE 19801	LITERARY WORKS	DE	N/A	C CORPORATION	96,610.	36,109.	100.0000	х	
(2) CHARITABLE REMAINDER ANNUITY TRUSTS									
(CRATS - 3)	N/A	PA	N/A	TRUST					
(3) CHARITABLE REMAINDER UNITRUSTS									
(CRUTS - 30)	N/A	PA	N/A	TRUST					
(4) NET INC. CHARITABLE REMAINDER UNITRUSTS									
(NIMCRUTS - 6)	N/A	PA	N/A	TRUST					
(5)									
(6)									
(7)									

JSA

3E1308 1.000

Schedule R (Form 990) 2013

Page 3

(6)

Schedule R (Form 990) 2013

Pa	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	25an 5 1 15an gaaram655 by 15an 5a 51gam2an 611(5),						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
y h	Purchase of assets from related organization(s)				1h		X
	Evolution of assets with related organization(s)				1i		X
:	Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)				1i		X
J	Lease of facilities, equipment, of other assets to related organization(s)				1,		21
l.	Lagge of facilities, equipment, or other second from related ergonization(s)				1k		Х
ĸ	Lease of facilities, equipment, or other assets from related organization(s)				11		X
I	Performance of services or membership or fundraising solicitations for related organization(s)						X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		_^
							Х
р	Reimbursement paid to related organization(s) for expenses				1p	_	
q	Reimbursement paid by related organization(s) for expenses				1q		X
							37
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	· · · · · · · · · · · · · · · · · · ·		action thre			
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	a
		type (a-s)			unt invo		,
	VID TAV. DD ODVOTT OVO		F0.000	DDD 7/			
(1)	MARJAY PRODUCTIONS, INC.	A	70,000.	PER ES	STATE	£ DC	<u>.</u>
(2)							
(3)							
(4)							
(5)							

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

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

(a) Name, address, and EIN of entity	(a)  (b)  Primary activity  Legal domicile (state or foreign country)  (controlled, condered, condered from tax under		partners Share of Share of end-of-year (c)(3)			(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership		
			section 512-514)	Yes				Yes	No	(Form 1065)	Yes	No	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
1)													
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### Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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