

# Exempt Organization Declaration and Signature for **Electronic Filing**

OMB No. 1545-1879

For calendar year 2016, or tax year beginning JULY 1 , 2016, and ending JUNE 30 , 20 17

23-1352683

Department of the Treasury Internal Revenue Service Name of exempt organization For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Employer identification number

SWARTHMORE COLLEGE

#### Type of Return and Return Information (Whole Dollars Only) Part I

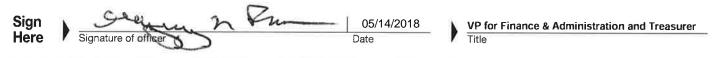
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 251,274,82
2a	Form 990-EZ check here b D Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22).	3b
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ► □ b Balance due (Form 8868, line 3c)	5b

#### Part II Declaration of Officer

- 6  $\square$ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
  - If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.



#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signatu	ire) A.t.	ónio C	- Runo		<sup>Date</sup> 05/14/2018	Check if also paid preparer	Check if self- employed		ERO's SSN or PTIN		
Use Only	yours if	m's name (or PRICEWATERHOUSECOOPERS LLP								N 13-4008324		
Only	address	s, and ZIP code	2001 M/	ARKET STREET	, SUITE	1800, PHILADELP	HIA, PA 191	03	Phon	ie no. (267	7) 330-3000	
Under pe and belief	nalties , they a	of perjury, I decla are true, correct,	are that I had and compl	ave examined the etc. Declaration	e above of prepa	return and accompa rer is based on all in	nying schedu formation of v	lles and staten which the prep	nents, arer h	and to the best as any knowledg	of my knowledge e.	
Paid Prepai	rer	Print/Type preparer's name Preparer's signature						Date		Check if self- employed	PTIN	
		Firm's name							Firm's EIN ►			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Firm's address

Phone no

Form	9	9	0
Departm	nent o	f the	Treasury

Internal Revenue Service

B Check if applicable:

Address

Name change

Initial return

Terminated Amended

Tax-exempt status:

Summary

2 Check this box **>** 

return Application pending

J

κ

Governance

Activities &

Revenue

Expenses

s or

Assets Balance

Part I

3

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21 Net /

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Part II

Sign

Signature Block

Signature of officer

change

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

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

Do not enter Social Security numbers on this form as it may be made public. Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17 D Employer identification number C Name of organization SWARTHMORE COLLEGE 23-1352683 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 500 COLLEGE AVENUE (610) 328-8000 City or town, state or province, country, and ZIP or foreign postal code SWARTHMORE, PA 19081 **G** Gross receipts \$ 1,182,827,688. F Name and address of principal officer: GREGORY N. BROWN H(a) Is this a group return for Yes Х No subordinates 500 COLLEGE AVENUE, SWARTHMORE, PA 19081 No Yes H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) 501(c) ( 4947(a)(1) or 527 ) 🗲 (insert no.) Website: 
WWW.SWARTHMORE.EDU H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1864 M State of legal domicile: PΑ Trust Association Other 🕨 1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 37. Number of independent voting members of the governing body (Part VI, line 1b) 36. 4 2,672. Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1,561. 6 2,184,295. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -3,511,007. **b** Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 35,060,000. Contributions and grants (Part VIII, line 1h) 22,091,000. COPY FOR 94,355,000 100,805,000. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,490,404. 77,988,488. 10,919,422. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,197,528. 201,632,016. 251,274,826. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 34,532,000. 38,218,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0 83,698,698. 90,036,711. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 

 15 Salaries, other componentiation, 1

 16a Professional fundraising fees (Part IX, column (A), line 11e)

 (Dart IX, column (D), line 25) ►

 5,732,254.

 81,701. 79,043. b Total fundraising expenses (Part IX, column (D), line 25) ▶\_\_\_\_ 69,728,959. 76,545,377. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 188,041,358. 204,879,131. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,590,658. 46,395,695. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,482,276,000. Total assets (Part X, line 16) 2,278,885,000. Total liabilities (Part X, line 26) 347,224,000. 348,669,000. 1,931,661,000. 2,133,607,000. Net assets or fund balances. Subtract line 21 from line 20 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/14/2018 Date

Here	GREGORY N. BROWN	AS							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN				
Paid	ANTONIO C RUSSO			self-employed	P00858539				
Preparer Use Onlv	Firm's name   PRICEWATERHOUSEC		Firm's EIN ▶ 13-4008324						
Use Only	Firm's address 🕨 2001 MARKET ST, SUITE 1		Phone no. 26	7-330-3000					
May the IRS discuss this return with the preparer shown above? (see instructions)									
For Paperwork Reduction Act Notice, see the separate instructions.									

For Paperwork Reduction Act Notice, see the separate instructions

OMB No. 1545-0047

	SWARTH	NORE COLLEGE		23-1352683
Form 990 (2016)				Page
	tement of Program Service A		n this Dart III	X
	ribe the organization's mission		n this Part III	
2 Did the org	anization undertake any signif	icant program services dur	ing the year which were not li	sted on the
prior Form § If "Yes," des	990 or 990-EZ? cribe these new services on S	chedule O.		Yes X N
services?			nges in how it conducts, ar	
4 Describe th expenses. S	e organization's program sei	vice accomplishments for 4) organizations are required to the second s	each of its three largest prog ed to report the amount of g rted.	
4a (Code:		including grants of	\$38,218,000) (Revenue	\$)
<b>4b</b> (Code:	) (Expenses \$	including grants of	\$) (Revenue	\$)
4c (Code:	) (Expenses \$	including grants of	\$) (Revenue	\$)
	am services (Describe in Sche			
(Expenses \$			) (Revenue \$	)
ISA	am service expenses <b>&gt;</b>	156,374,770.		Form <b>990</b> (201
29294N	I 532A	V 16-7.1	7	Porm 990 (201 PAGE

Form 9	90 (2016)		F	Page 3
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		X
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,			37
_	Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"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,"		37	
-	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		х	
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	x	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	21	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		21	
L.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	Х	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Х	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
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			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		Х	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	A	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		х
_	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	29	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	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,	50		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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? Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v						
-	reportable gaming (gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2,672								
	Statements, new for the calendar year chaing with or within the year covered by this retaint.	2b	Х						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20							
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
τu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?								
b	<b>b</b> If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?								
7									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	V						
	and services provided to the payor?	7a	X X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х					
	required to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X					
		7g							
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ū	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
Ø	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								
~									
	Enter the amount of reserves on hand	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Form 9	90 (2016) SWARTHMORE COLLEGE 23-1352	683	F	Page 6				
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sect	ion 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 1b 36							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х					
-	any other officer, director, trustee, or key employee?	2	21					
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x				
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		Х				
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6		Х				
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint							
·u	one or more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	1				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v					
	rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	х					
	describe in Schedule O how this was done	12c 13	X					
13	Did the organization have a written whistleblower policy?	14	X					
14 15	Did the organization have a written document retention and destruction policy?	14						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	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 arrangement							
	with a taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Sect	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{PA}{r}$							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         Another's website       X         Upon request       Other (explain in Schedule O)							
• •								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	policy	y, and				
20	financial statements available to the public during the tax year.	<b>►</b>						

20							possesses the o	organization's books an	d records:
	ALTCE TURÉ	STVILLE, 5	00 COLLEGE	AVENUE . SI	WARTHMORE	PA 19081		<b>(</b> 610)957-6040	

Page 7

Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cont									
	Check if Schedule	O contains	a response	or note to	any lii	ne in this Part	VII			X

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, office or direct	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director r director r utution al trustee e e e e e e e e e e e e e e e e e e		(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		
					ed				
(1) RICHARD A. BARASCH	4.00								
TRUSTEE	0.	x					0.	0.	0.
(2)WILLIAM BOULDING	2.00								
TRUSTEE	0.	x					0.	0.	0.
(3)RHONDA RESNICK COHEN	4.00								
TRUSTEE	0.	Х					0.	0.	0.
(4) JANET SMITH DICKERSON	4.00								
TRUSTEE	0.	X					0.	0.	0.
(5)ELIZABETH ECONOMY	2.00								
TRUSTEE	0.	Х					0.	0.	0.
(6)JANET ERLICK	2.00								
TRUSTEE/EX OFFICIO BOARD MBR	0.	Х					0.	0.	0.
(7) JAMES E. GREGORY	4.00								
TRUSTEE	0.	Х					0.	0.	0.
(8)THOMAS W.T. HARTNETT	4.00								
TRUSTEE	0.	Х					0.	0.	0.
(9)MARILYN HOLIFIELD	4.00								
TRUSTEE	0.	Х					0.	0.	0.
(10)JAMES C. HORMEL	2.00	-							
TRUSTEE	0.	Х					0.	0.	0.
(11) <sup>S. LESLIE JEWETT</sup>	2.00	-							
TRUSTEE	0.	Х					0.	0.	0.
(12)VINCENT JONES	2.00								
TRUSTEE	0.	Х					0.	0.	0.
(13) JAKY JOSEPH	4.00						_		-
TRUSTEE	0.	X					0.	0.	0.
(14) HAROLD KALKSTEIN	2.00								2
TRUSTEE	0.	Х					0.	0.	0.

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plo	byee	es,	and H	lig	hest Compensat	ed Employees (co	ontinue		Page <b>(</b>
(A) Name and title	<b>(B)</b> Average			(0 Pos	<b>C)</b> ition	e than c		(D) Reportable	(E) Reportable	Es	(F) stimated	
	hours per week (list any hours for related organizations below dotted line)	box,	unle	ss pe	rson	is both or/trust Highest compensated	an	compensation from - the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fre orga and	other pensatio om the anizatio d related anizatior	ion on d
15) GILES K. KEMP	4.00											
TRUSTEE	0.	X						0.	0.			0
16) JANE LANG	2.00											0
TRUSTEE	0.	X						0.	0.			0
17) CINDI LEIVE TRUSTEE	2.00	x						0.	0.			0
18) BENNETT LORBER	2.00											
TRUSTEE	0.	x						0.	0.			0
19) JAMES LOVELACE	4.00											
TRUSTEE	0.	Х						0.	0.			0
20) SABRINA MARTINEZ	2.00											
TRUSTEE	0.	Х						0.	0.			0
21) DAVID MCELHINNY	2.00											
TRUSTEE	0.	X						0.	0.			0
22) DANIELLE MOSS TRUSTEE	4.00	x						0.	0.			0
23) CHRISTOPHER M. NIEMCZEWSKI	4.00							0.	0.			
TRUSTEE	0.	x						0.	0.			0
24) NICOLE O'DELL ODIM	4.00											
TRUSTEE	0.	x						0.	0.			0
25) SIBELLA CLARK PEDDER	2.00											
TRUSTEE	0.	Х						0.	0.			0
1b Sub-total								0.	0.			0
c Total from continuation sheets to Part VII								4,635,224.	0.		16,5	
d Total (add lines 1b and 1c)								4,635,224.	0.	1,0	16,5	45
2 Total number of individuals (including but n reportable compensation from the organiza		hose 174		d al	oov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3	X	
4 For any individual listed on line 1a, is th	e sum of rep	oortab	ole d	com	per	satio	n ai	nd other compensi	sation from the			
organization and related organizations individual										4	X	
<ul> <li>5 Did any person listed on line 1a receive for services rendered to the organization? <i>If</i></li> </ul>	or accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5		X

for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to thos more than \$100.000 in compensation from the organization ► 46	e listed above) who received	

	(A)	(B)			(0	21			(D)	(F)	(F)
	(A) Name and title	(D) Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than o is both or/trust Φ エ	an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
26)	CATHRYN POLINSKY	4.00									
	TRUSTEE	0.	X						0.	0.	(
27)	H. VINCENT POOR TRUSTEE	2.00	x						0.	0.	(
28)	LOURDES ROSADO	2.00									
	TRUSTEE	0.	Х						0.	0.	(
29)	GUSTAVO SCHWED	4.00	x						0.	0.	(
30)	JUNE R. SCOTT	2.00									
	TRUSTEE	0.	х						0.	0.	
31)	ROBIN M. SHAPIRO TRUSTEE	4.00	x						0.	0.	
32)	SALEM D. SHUCHMAN TRUSTEE	4.00	x						0.	0.	(
33)	DAVID W. SINGLETON TRUSTEE	4.00	x						0.	0.	
34)		6.00	А						0.	0.	
	CHAIR	0.	x		х				0.	0.	
35)	SUJATHA SRINIVASAN TRUSTEE	4.00	x						0.	0.	
36)	ROBERT STEELMAN	2.00	А						0.	0.	
	TRUSTEE	0.	x						0.	0.	
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose	liste	d at	bove	e) who	► ►	eceived more than	\$100,000 of	
	reportable compensation from the organization	n 🕨	174	1							
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes N 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	pen If	isation "Yes	n ai s,"	nd other compens	sation from the <i>le J for such</i>	<b>4</b> X

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	listed above) who received	

371       DAVIA TEMIN       2.00       State       Compensition of the one of the one of the one of the one of the organization of the organization of the organization below defined in the organization below de	_	n 990 (2016)										Page <b>8</b>
Name and title       Average investige in a per week (lat any investige and a first conversion) in the investige and a first conversion in the investint conversite conversion in the investint conversion in	Pa	· · · ·	ustees, Ke	y En	nplo			and H	lig		ted Employees (d	continued)
37)       DAVIA TEMIN       2.00       x       0.         38)       JOSEPH L. TURNER       4.00       0.         TRUSTEE       0.       x       0.         39)       JULIE LANGE HALL       2.00       0.         EMERITA       TRUSTEE       0.       x       0.         40)       SAMUEL L. HAYES III       2.00       0.       0.         EMERITUS TRUSTEE       0.       x       0.       0.         41)       EUGRE M. LANG       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.       0.         43)       ELIZABETH J. MCCORMACK       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.       0.         43)       ELIZABETH J. MCCORMACK       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.       0.         43)       ELIZABETH J. MCCORMACK       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.       0.         41)       HARGE PEARLMAN SCHEUER       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0. <th></th> <th></th> <th>Average hours per week (list any hours for related organizations below dotted</th> <th>box,</th> <th>unles er and</th> <th>Pos heck ss pe d a d</th> <th>sition mor erson direct</th> <th>e than o is both tor/trust</th> <th>an ee)</th> <th>Reportable compensation from the organization</th> <th>Reportable compensation from</th> <th>(F) Estimated amount of other compensation from the organization and related organizations</th>			Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos heck ss pe d a d	sition mor erson direct	e than o is both tor/trust	an ee)	Reportable compensation from the organization	Reportable compensation from	(F) Estimated amount of other compensation from the organization and related organizations
38) JOSEPH L. TURNER       4.00       x       0.         39) JULIE LANGE HALL       2.00       x       0.         40) SAMUEL L. HAYES III       2.00       x       0.         41) EUGENE M. LANG       2.00       x       0.         42) BARBARA W. MATER       2.00       x       0.         EMERITUS CO-CHAIR       0.       x       0.         42) BARBARA W. MATER       2.00       x       0.         EMERITUS CO-CHAIR       0.       x       0.         43) ELIZABETH J. MCCORMACK       2.00       x       0.         44) MARGE PEARLMAN SCHEUER       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0.         44) MARGE PEARLMAN SCHEUER       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0.         45) J. LAWRENCE SHANE       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0.         46) VALERIE SMITH       40.00       x       300.580.         FRES./EX OFFICIO BOARD MEMBER       0.       x       300.580.         1b Sub-total	37		2.00									
TRUSTEE       0.       x       0.         39) JULIE LANGE HALL       2.00       0.         EMERITA TRUSTEE       0.       x       0.         40) SAMUEL L. HAYES III       2.00       0.         EMERITA TRUSTEE       0.       x       0.         41) EUGENE M. LANG       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.         42) BARBARA W. MATHER       2.00       0.       0.         EMERITUS CO-CHAIR       0.       x       0.         43) ELIZABETH J. MCORMACK       2.00       0.         EMERITA TRUSTEE       0.       x       0.         43) ELIZABETH J. MCORMACK       2.00       0.       0.         EMERITA TRUSTEE       0.       x       0.         44) MARGE PEARLMAN SCHEUER       2.00       0.       0.         EMERITUS TRUSTEE       0.       x       0.         45) J. LAWRENCE SHANE       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0.         46) VALERIE SMITH       40.00       x       300,580.         16) Sub-total				X						0.	0.	0
39) JULIE LANGE HALL       2.00         EMERITA TRUSTEE       0.         40) SAMUEL L. HAYES III       2.00         EMERITUS TRUSTEE       0.         41) EUGENE M. LANG       2.00         EMERITUS CO-CHAIR       0.         42) BARBARA W. MATHER       2.00         EMERITUS CO-CHAIR       0.         X       0.         43) ELIZABETH J. MCCORMACK       2.00         EMERITA TRUSTEE       0.         X       0.         43) ELIZABETH J. MCCORMACK       2.00         EMERITA TRUSTEE       0.         X       0.         44) MARGE PEARLMAN SCHEUER       2.00         EMERITA TRUSTEE       0.         X       0.         45) J. LANRENCE SHANE       2.00         EMERITUS TRUSTEE       0.         X       0.         46) VALERIE SMITH       40.00         PRES./EX OFFICIO BOARD MEMBER       0.         X       436,481.         47) MARK C. AMSTUTZ       40.00         CHIEF INVESTMENT OFFICER       0.         X       300,580.         1b Sub-total	38		+	x						0.	0.	0
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41)       EUGENE M. LANG       2.00       x       0.         EMERITUS CO-CHAIR       0.       X       0.         42)       BARBARA W. MATHER       2.00       0.         EMERITUS CO-CHAIR       0.       X       0.         43)       ELIZABETH J. MCCORMACK       2.00       0.         EMERITA TRUSTEE       0.       X       0.         44)       MARGE PEARLMAN SCHEUER       2.00       0.         EMERITA TRUSTEE       0.       X       0.         45)       J. LAWRENCE SHANE       2.00       0.         EMERITUS TRUSTEE       0.       X       0.         46)       VALERIE SMITH       40.00       0.         PRES./EX OFFICIO BOARD MEMBER       0.       X       436,481.         47)       MARK C. AMSTUTZ       40.00       300,580.         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total	40	) SAMUEL L. HAYES III	2.00									
EMERITUS CO-CHAIR       0.       X       0.         42) BARBARA W. MATHER       2.00       0.         EMERITUS CO-CHAIR       0.       X       0.         43) ELIZABETH J. MCCORMACK       2.00       0.         EMERITA TRUSTEE       0.       X       0.         44) MARGE PEARLMAN SCHEUER       2.00       0.         EMERITA TRUSTEE       0.       X       0.         45) J. LAWRENCE SHANE       2.00       0.         EMERITUS TRUSTEE       0.       X       0.         46) VALERIE SMITH       40.00       0.         PRES./EX OFFICIO BOARD MEMBER       0.       X       436,481.         47) MARK C. AMSTUTZ       40.00       300,580.       0.         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total		EMERITUS TRUSTEE	0.	X						0.	0.	0
42) BARBARA W. MATHER       2.00         EMERITUS CO-CHAIR       0. X         43) ELIZABETH J. MCCORMACK       2.00         EMERITA TRUSTEE       0. X         44) MARGE PEARLMAN SCHEUER       2.00         EMERITA TRUSTEE       0. X         45) J. LAWRENCE SHANE       2.00         EMERITUS TRUSTEE       0. X         46) VALERIE SMITH       40.00         PRES./EX OFFICIO BOARD MEMBER       0. X         47) MARK C. AMSTUTZ       40.00         CHIEF INVESTMENT OFFICER       0. X         1b Sub-total       300,580.         c Total from continuation sheets to Part VII, Section A       X         4 Total (add lines 1b and 1c)       174	41	) EUGENE M. LANG	2.00									
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43)       ELIZABETH J. MCCORMACK       2.00       0.         EMERITA TRUSTEE       0. X       0.         44)       MARGE PEARLMAN SCHEUER       2.00         EMERITA TRUSTEE       0. X       0.         45)       J. LAWRENCE SHANE       2.00         EMERITUS TRUSTEE       0. X       0.         46)       VALERIE SMITH       40.00         PRES./EX OFFICIO BOARD MEMBER       0. X       X         47)       MARK C. AMSTUTZ       40.00         CHIEF INVESTMENT OFFICER       0. X       X         47)       MARK C. AMSTUTZ       40.00         CHIEF INVESTMENT OFFICER       0. X       X         1b       Sub-total       300,580.         c       Total from continuation sheets to Part VII, Section A       Image: Compensation from the organization > 174	42	BARBARA W. MATHER	2.00									
EMERITA TRUSTEE       0.       X       0.         44) MARGE PEARLMAN SCHEUER       2.00       0.         EMERITA TRUSTEE       0.       X       0.         45) J. LAWRENCE SHANE       2.00       0.       0.         EMERITUS TRUSTEE       0.       X       0.         46) VALERIE SMITH       40.00       0.       436,481.         47) MARK C. AMSTUTZ       40.00       0.       300,580.         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total		EMERITUS CO-CHAIR	0.	Х						0.	0.	0
44) MARGE PEARLMAN SCHEUER       2.00       0.         EMERITA TRUSTEE       0.       0.         45) J. LAWRENCE SHANE       2.00       0.         EMERITUS TRUSTEE       0.       X       0.         46) VALERIE SMITH       40.00       0.       0.         PRES./EX OFFICIO BOARD MEMBER       0.       X       436,481.         47) MARK C. AMSTUTZ       40.00       X       300,580.         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       174	43		2.00									
EMERITA TRUSTEE       0.       X       0.         45) J. LAWRENCE SHANE       2.00       0.         EMERITUS TRUSTEE       0.       X       0.         46) VALERIE SMITH       40.00       0.       0.         PRES./EX OFFICIO BOARD MEMBER       0.       X       436,481.         47) MARK C. AMSTUTZ       40.00       0.       X         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •         4 Total (add lines 1b and 1c).       •       •       •         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       174				Х						0.	0.	0
45)       J. LAWRENCE SHANE       2.00       x       0.         EMERITUS TRUSTEE       0.       x       0.         46)       VALERIE SMITH       40.00       x       x         PRES./EX OFFICIO BOARD MEMBER       0.       x       436,481.         47)       MARK C. AMSTUTZ       40.00       x       x         CHIEF INVESTMENT OFFICER       0.       x       300,580.         1b       Sub-total       •       •       •         c       Total from continuation sheets to Part VII, Section A       •       •         d       Total (add lines 1b and 1c)       •       •         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       •	44		+									
EMERITUS TRUSTEE       0.       X       0.         46) VALERIE SMITH       40.00       436,481.         47) MRK C. AMSTUTZ       40.00       300,580.         CHIEF INVESTMENT OFFICER       0.       X       300,580.         1b Sub-total       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •         d Total (add lines 1b and 1c).       •       •       •         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       174				X						0.	0.	0
46)       VALERIE SMITH       40.00       x       x       436,481.         47)       MARK C. AMSTUTZ       40.00       x       x       436,481.         47)       MARK C. AMSTUTZ       40.00       x       x       300,580.         CHIEF INVESTMENT OFFICER       0.       x       x       300,580.         1b       Sub-total       >       >       >         c       Total from continuation sheets to Part VII, Section A       >       >         d       Total (add lines 1b and 1c)       >       >       >         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       174	45		+	 								
PRES./EX OFFICIO BOARD MEMBER       0. x       x       436,481.         47) MARK C. AMSTUTZ       40.00       300,580.         CHIEF INVESTMENT OFFICER       0. x       x       300,580.         1b Sub-total       ►       •       •         c Total from continuation sheets to Part VII, Section A       ►       •         d Total (add lines 1b and 1c)       ►       •       •         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►       174	1.5			X						0.	0.	0
47)       MARK C. AMSTUTZ       40.00       x       300,580.         CHIEF INVESTMENT OFFICER       0.       x       300,580.         1b Sub-total       >       >       -         c Total from continuation sheets to Part VII, Section A       >       >         d Total (add lines 1b and 1c)       >       >       -         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       174	46		+			37				426 401		100 001
CHIEF INVESTMENT OFFICER       0.       x       300,580.         1b Sub-total       ▶       ▶       ▶         c Total from continuation sheets to Part VII, Section A       ▶       ▶         d Total (add lines 1b and 1c)       ▶       ▶       ▶         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       174	4 77			X		X				436,481.	0.	178,781
1b Sub-total       ►         c Total from continuation sheets to Part VII, Section A       ►         d Total (add lines 1b and 1c)       ►         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►         174	4/		+			x				300,580.	0.	44,270
reportable compensation from the organization <b>&gt;</b> 174	c	Total from continuation sheets to Part VII, S		· · · ·	•••		 	· · · ·				
3 Did the organization list any former officer director or trustee key employee or highest companyate	2					ed al	bov	e) who	o re	eceived more than	\$100,000 of	
employee on line 1a? If "Yes," complete Schedule J for such individual	3											Yes No 3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for successful individual.	4	organization and related organizations gr	eater than	\$15	50,0	00?	i It	f "Yes	s,"	complete Schedu	ile J for such	<b>4</b> X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individu for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors	Se					_						

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those	se listed above) who received	
more than \$100,000 in compensation from the organization ►	se listed above, who received	

	(A)	(D)		-		~			hest Compensat		/ <b>r</b> \
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	rson irect	e than o is both or/trust エ	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
48	,	40.00									
	DEAN OF ADMISSIONS & FIN. AID	0.			Х				217,503.	0.	43,71
49	) H. ELIZABETH BRAUN	40.00									
	DEAN OF STUDENTS	0.			Х				199,949.	0.	89,74
50	) GREGORY N. BROWN	40.00									
	VP FIN & ADMIN & TREASURER	0.			Х				338,646.	0.	44,27
51	) KARL W. CLAUSS	40.00									
_	VP OF COLLEGE ADVANCEMENT	0.			Х				274,374.	0.	127,71
52	) C. STUART HAIN	40.00	-						0.05 1.00		00.01
	VP FACILITIES & SERVICES	0.			Х				225,100.	0.	23,81
	) LORI ANN JOHNSON	40.00	-		37				112 442		10 45
- ,	ASSISTANT TREASURER	0.			Х				113,443.	0.	19,47
	) NANCY NOWICKI NICELY	40.00	-		37				000 000		44 04
	SECRETARY & VP COMMUNICATIONS	0.			Х				232,006.	0.	44,94
	) PAMELA PRESCOD-CAESAR	40.00	-		Х				100 425	0.	41 00
5.6	VP HUMAN RESOURCES ) THOMAS STEPHENSON	0. 40.00			Δ				190,435.	0.	41,00
	PROVOST	0.	-		Х				258,205.	0.	90,94
5.7	) FRANK C. GRUNSEICH	40.00			л				230,203.	0.	J0,J4
	DIRECTOR OF INVESTMENTS	0.	-			x			224,110.	0.	44,47
5.8	) FRANK MOSCATELLI	40.00				21			221,110.	0.	11,17
	PROFESSOR	0.	-				х		426,399.	0.	11,29
-		0.					21		120,355.	0.	11,22
	b Sub-total c Total from continuation sheets to Part VII, S	oction A				• •					
	d Total (add lines 1b and 1c)	-	• • •	• • •	• •	• •	• • •	5			
2					d ał		• • • •	re	ceived more than	\$100.000 of	
-	reportable compensation from the organization		174		u u.	5010	<i>,</i> , , , , , , , , , , , , , , , , , ,	, 10		¢100,000 01	
											Yes
3											
	employee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations ground individual	eater than	\$15	50,0	00?	If	"Yes	;," (	complete Schedu	le J for such	4 X
5											
	for services rendered to the organization? If "Ye										5
S	ection B. Independent Contractors										
1	Complete this table for your five highest com	pensated in	ndepe	ende	ent d	cont	racto	rs t	hat received more	than \$100,000 of	

	-		
	(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	e listed above) who received	

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

Part VII Section A. Officers, Directors, Tru	1	∍y ⊨m	ipið			ana I	nigi			continue		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pei I a di	ition more rson irect	e than o is both or/trust	an tee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	an com	(F) stimated nount of other pensatio	f on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anization d related anizatior	on d
59) ALLEN SCHNEIDER	40.00											
PROFESSOR	0.					Х		228,882.	0.		36,2	2
50) NELSON MACKEN	40.00											
PROFESSOR	0.					Х		216,245.	0.		39,3	3
51) ARTHUR MCGARITY	40.00	-						000.010				
PROFESSOR	0.					X		209,910.	0.		35,9	)
2) BARRY SCHWARTZ PROFESSOR	40.00	-				37		202 402	0		<u></u>	۰ ۱
3) EILEEN E. PETULA	0. 40.00					X		203,403.	0.		23,2	-
FMR TREAS & ASSOC VP FOR FIN.	0.						x	131,942.	0.		38,8	2
4) CONSTANCE HUNGERFORD	40.00						- 25	131,912.	0.		50,0	•
FORMER PRESIDENT							x	207,611.	0.		38,4	1
		-										
	+	-										
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organizatio</li> </ul>	limited to t	· · · ·	listeo			· · ·	A	ceived more than	\$100,000 of			-
											Yes	I
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	X	
4 For any individual listed on line 1a, is the organization and related organizations granizations grandividual.	sum of rep eater than	ortab \$15	le c 0,00	omj 00?	pen <i>If</i>	isatio "Yes	n ai s," (	nd other compens complete Schedu	sation from the le J for such	4	X	
<ul> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li> </ul>	accrue co	mpen	satic	on f	rom	n any	un	related organization	on or individual	5		
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>												

	(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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

				(A)	(B)	(C)	(D)
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
1a	Federated campaigns	_ 1a					
b	Membership dues	. 1b					
с	Fundraising events		18,415.				
d	Related organizations						
е	Government grants (contributions)		2,254,000.				
f	All other contributions, gifts, grants,						
	and similar amounts not included above	. 1f	32,787,585.				
g	Noncash contributions included in lines 1	a-1f: \$	6,710,471.				
h	Total. Add lines 1a-1f		<u></u> ▶	35,060,000.			
			Business Code				
2a	TUITION & FEES		611310	79,923,000.	79,923,000.		
b	ROOM & BOARD		611310	20,882,000.	20,882,000.		
с							
d							
е							
f	All other program service revenue .						
g	Total. Add lines 2a-2f		<u></u>	100,805,000.			1
3	Investment income (including	dividends	s, interest,				
	and other similar amounts)		▶	85,782,728.		-2,138,914.	87,921,6
4	Income from investment of tax-exe	mpt bond p	roceeds 🛛 🕨	179,981.			179,9
5	Royalties		<u></u> ▶	101,096.			101,0
	(i)	Real	(ii) Personal				
6a	Gross rents	585,067.					
b	Less: rental expenses	307,869.					
с	Rental income or (loss)	277,198.					
d	Net rental income or (loss)	<u></u>	<u></u>	277,198.			277,2
7a	Gross amount from sales of (i) So	ecurities	(ii) Other				
	assets other than inventory 948,	758,694.					
b	Less: cost or other basis						
	and sales expenses 930,	230,999.					
с	Gain or (loss) 18,	527,695.					
d	Net gain or (loss)	••••	<u></u>	18,527,695.			18,527,6
8a	Gross income from fundraising	_	<b>T A I</b>				
	events (not including \$18,41	15. A	TCH 4				
	of contributions reported on line 1c).						
	See Part IV, line 18	a _	18,255.				
b	Less: direct expenses	ь	13,994.				
С	Net income or (loss) from fundraisin	ng events A	ТСН 5 ▶	4,261.			4,2
9a	Gross income from gaming activiti	es.					
	See Part IV, line 19	a	0.				
b	Less: direct expenses	ь	0.				
C	Net income or (loss) from gaming	activities .	<u></u> ▶	0.			
10a		ess					
	returns and allowances	a 🗆	0.				
b	Less: cost of goods sold		0.				
С	Net income or (loss) from sales of in			0.			
	Miscellaneous Revenue		Business Code				
11a	SUMMER PROGRAMS	-	713990	384,305.		384,305.	
b	INN AT SWARTHMORE (INN & RESTAU	RANT)	721110	3,552,638.		3,552,638.	
с	BKST AT SWARTHMORE (AT INN)		900099	386,266.		386,266.	
d	All other revenue	L	611310	6,213,658.			6,213,6
е	Total. Add lines 11a-11d		▶	10,536,867.			
12	Total revenue. See instructions.			251,274,826.	100,805,000.	2,184,295.	113,225,5

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Form **990** (2016)

SWARTHMORE COLLEGE

Form 990 (2016) SWZ
Part VIII Statement of Revenue

#### 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 (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 38,218,000. 38,218,000 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 327,006. 2,841,891. 1,073,595. 1,441,290. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 66,461,754. 51,204,428 12,898,892. 2,358,434. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 5,528,527. 1,007,244. 4,302,163. 219,120. section 401(k) and 403(b) employer contributions) 383,701. 10,351,703 8,220,128. 1,747,874 9 Other employee benefits 4,852,836. 3,614,567. 1,058,395. 179,874. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 146,027. 146,027 b Legal 240,661. 240,661. c Accounting 0 d Lobbying 79,043. 79,043. e Professional fundraising services. See Part IV, line 17 6,637,000. 6,637,000 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,956,790. 5,819,506. 2,255,373. 607,343. (A) amount, list line 11g expenses on Schedule O.) 42,100 329,194. 287,094 12 Advertising and promotion 2,927,217. 151,742. 7,660,886. 4,581,927. 13 Office expenses 111,747. 6,462,594. 3,376,625. 2,974,222. 14 Information technology 0 Royalties 15 2,138,767. 1,551,391. 527,029 60,347. Occupancy 16 3,622,544. 2,687,539. 578,257. 356,748. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,882,390. 1,389,512. 322,459 170,419. 19 Conferences, conventions, and meetings 7,284,305. 5,547,482. 1,520,703. 216,120. Interest 20 0 21 Payments to affiliates 8,937,287. 2,321,373. 348,206. 11,606,866. 22 Depreciation, depletion, and amortization 1,111,661. 1,049,488. 62,173. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aEQUIP PURCH, RENTAL & MAINT 6,133,282. 4,046,313. 2,051,884. 35,085. **h**OFF-CAMPUS STUDY PROGRAMS 3,828,805. 3,828,805. 76. 3,236,240. 2,488,832. 747,332 cFOOD AND BEVERAGE (NON-TRAVE dANNUITY PAYMENTS 1,984,028. 1,984,028. 127,243. 5,273,770. 1,019,608. 6,420,621. e All other expenses 204,879,131. 156,374,770. 42,772,107. 5,732,254. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕒

JSA 6E1052 1.000

following SOP 98-2 (ASC 958-720)

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Page **11** 

Form 990 (2016)
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	rt X	Balance Sheet			Fage II
Га		Check if Schedule O contains a response or note to any line in this	Part X.		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	42,811,000.	1	43,483,000.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	21,258,000.	3	18,309,000.
	4	Accounts receivable, net	3,224,000.	4	1,681,000.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	1,178,195.	5	1,185,070.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L	0.	-	0.
Assets	7	Notes and loans receivable, net	11,401,805.	7	10,985,930.
As	8	Inventories for sale or use	653,743.		246,093.
	9	Prepaid expenses and deferred charges	3,814,257.	9	2,189,907.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 486, 705, 000.			222.144.000
		Less: accumulated depreciation			
	11	Investments - publicly traded securities			899,302,000.
	12	Investments - other securities. See Part IV, line 11			1,118,569,000.
	13	Investments - program-related. See Part IV, line 11			0.
	14	Intangible assets	0. 58,488,000.	1.4	0.
	15	Other assets. See Part IV, line 11			47,181,000. 2,482,276,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,972,000.
	17	Accounts payable and accrued expenses			0.
	18 19	Grants payable			1,473,000.
	20	Deferred revenue			274,726,000.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		-	0.
6	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
lid		disqualified persons. Complete Part II of Schedule L		22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties			0.
	24	Unsecured notes and loans payable to unrelated third parties			0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	63,953,000.	25	48,498,000.
	26	Total liabilities. Add lines 17 through 25	347,224,000.	26	348,669,000.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	782,732,000.	27	916,658,000.
Fund Balances	28	Temporarily restricted net assets	939,250,000.	28	998,944,000.
pur	29	Permanently restricted net assets	209,679,000.	29	218,005,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,931,661,000.	33	2,133,607,000.
	34	Total liabilities and net assets/fund balances	2,278,885,000.	34	2,482,276,000.

Form 99	00 (2016)				Paç	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			74,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			79,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			95,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			61,0	
5	Net unrealized gains (losses) on investments	5	14	16,0	60,3	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7		6,6	37,0	
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,8	53,0	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	2,13	33,6	07,0	00.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	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 con	npiled	lor			
	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	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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. reasury ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

table trust.	<u>2016</u>
	Open to Publi
/form990.	Inspection

OMB No. 1545-0047

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

Nam	Name of the organization Employer identification number							
SWA	RTH	IMORE COLLEGE					23-13526	
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	5.
The	orga	inization is not a private fou					,	
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .							
2	Х	A school described in secti			-			
3		A hospital or a cooperative		•		. ,		
4		A medical research organiz	-	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
-		hospital's name, city, and st						
5		An organization operated f		a college of universit	y owned	a or ope	erated by a governme	antai unit described in
6		section 170(b)(1)(A)(iv). (C A federal, state, or local go		romontal unit docariba	d in <b>coot</b>	ion 170/	'h\/1\/A\/y\	
6 7	$\square$	An organization that norma	•					om the general public
•		described in section 170(b)	•	•		oni a go		oni the general public
8		A community trust describe		-	Part II)			
9		An agricultural research or				operated	l in coniunction with a	land-grant college
•		or university or a non-land-	-			-	-	
		university:	5 · · · · 5 · · · 5	,	/		-, -, <b>,</b> , , , ,	
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (lese Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
12	$\square$	An organization organized a		•				carry out the purposes
12		of one or more publicly su		•	•			• • •
		Check the box in lines 12a t	• •					
а		<b>Type I</b> . A supporting orga	-				-	-
u		the supported organization	•		•		•	
		_ supporting organization.						
b		<b>Type II</b> . A supporting org	=			with its	supported organizati	on(s), by having
		control or management c						
		_ organization(s). You must				·		<b>-</b>
с		Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization c	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	,	•				
е		Check this box if the orga						II, Type III
		functionally integrated, or				organizat	tion.	
T		er the number of supported	•					•••••
g		ovide the following information	(ii) EIN	(iii) Type of organization	(iv) lo the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 110	ame of supported organization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	docur Yes	ment? No	instructions)	instructions)
					100			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

JSA 6E1210 1.000 Schedule A (Form 990 or 990-EZ) 2016

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(-) 0040	(1-) 0040	(-) 0044	(1) 0045	(-) 0040	(0) Tatal
_	ndar year (or fiscal year beginning in)	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li		· •			14	%
15	Public support percentage from 2015					15	%
16a	331/3% support test - 2016. If the o	-					
	this box and stop here. The organization			-			
b	331/3% support test - 2015. If the c	-					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization						•
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati				-	-	
40	supported organization						
18	Private foundation. If the organization						
	instructions			<u></u> .			<u> &lt;                                   </u>

Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
3	furnished by a governmental unit to the						
~	organization without charge						
6	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
2	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.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
10	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax y	l ar as a section	
.4	organization, check this box and <b>stop here</b> .	0					
500	tion C. Computation of Public Sup			<u></u>		<u></u>	
15	Public support percentage for 2016 (line 8,			mn (f))		15	%
	Public support percentage from 2015 Sche						
$\frac{16}{800}$						16	%
	tion D. Computation of Investmen			0		47	0/
17	Investment income percentage for 2016 (lir					17	<u>%</u>
18	Investment income percentage from 2015 S					18	<u>%</u>
19 a	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2015. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check		-				
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JSA	1 1 000				5	Schedule A (Form 9	90 or 990-EZ) 2016

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

23-1352683

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016

.ISA

Yes         No           1         Has the organization accepted a gift or contribution from any of the following persons?         A person who directly or inflectly controls, either alten or togethar with persons described in (b) and (c) below, the generalization?         Image: Controls of the control of the contrecontrol of the contrecontrol of the control of the	Part	V Supporting Organizations (continued)			
<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</li> <li>b A tamily member of a person described in (a) above?</li> <li>c. A 3353, controlled entity of a person described in (a) above?</li> <li>c. A 3535, controlled entity of a person described in (a) above?</li> <li>c. A 3535, controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.</li> <li>c. A 3535, controlled on the person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.</li> <li>c. A 3535, controlled the organization's directions or trustees at all times during the tax year? (T %b, 'dsochied to appoint above? or controlled the organization's activities, if the organization's directivity operated, supported organization, describe how the powers to a pupport ad organization of the supported organization of the supported organization of the supported organization (s) that operated, supported organization (s) that operated, supported organization (s) the powers of the supported organization (s) that operated, supported organization (s) the powers of the supported organization (s) that operated, supported organization (s) that operated, supported organization's of the supported organization (s) that operated, supported organization's activities and the pupposes of the supported organization (s) the activity of the directors or trustees do ach of the supporting organization was vested in the same persons that controlled or managed the supported organization's provided during the prior tax year, (1) a written notice describing the tax year also a majority of the directors or trustees and on the organization's provided during the prior tax year, (1) a written notice describing the tax year also a majority of the directors or trustees and on the organization's provided during the prior tax year, (1) a written notice describing the tax year also a major</li></ul>				Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) cor (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  c A 33% controlled onthy of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  c Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization affectively operated, supervised, or controlled the organization set/wise. If the organization fame that more supported arganization, describe how the organization set/wise. If the organization fame that more supported arganization, describe how the organization continues or trustees or at latices were allocated among the supported organization, and what conditions or restrictions, if any, applied to such powers during the axy year.  c Did the organization operate for the benefit of any supported organization at other than the supported organization (s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  Section D. All Type III Supporting Organizations  Ves No regularization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of the supporting organization.  Section D. All Type III Supporting Organizations  Ves No regularization's supporting organization supported organizations, by the last day of the fifth month of the organization's active, supervised organization's supported organization's apport day organization.  Section D. All Type III Supporting Organization  All writes none of the supporting organization supported organizations, by the last day of the fifth month of the organization's supervised organization's supported organization's apportation generation's  all write any of the organization's electron the days of the fifth month of the organization's supported organization's  all write any of the organization's advectives					
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  5 c- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  5 c- A 35% controlled on type of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  5 c- A 35% controlled on type of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  5 c- A 35% controlled the organization or lect at least a majority of the organization's directors or trustees at all times during the tax year? If Yes, 'boy' costrolled the Part VI how the supported organization's directors or trustees at all times during the tax year? If Yes, 'explain in Part VI how the supported organization of supported organization of the supported organization of the supported organization of supported organization of the organization's and the support of organization's attributes at the supported organization's of the supported organization's the supported organization's attributes at the supported organization's attributes at the supported organization's the supporte	а				
C A 35% controlled only of a person described in (a) or (b) above? II "Yes" to a, b, or c, provide detail in Part VI.     11c     Section B. Type I Supporting Organizations     Yes No     organizations and what conditions of restored organization's flexibly operated, supervised, or     organization operate for the benefit of any supported organization of the supported organization,     describe how the powers to appoint and/or remove directors or trustees at all limes during the supported     organization operate for the benefit of any supported organization of the supported organization,     describe how the powers to appoint and/or remove directors or trustees were ablocated among the supported     organization operate for the benefit of any supported organization of ther than the supported     organization operate for the benefit of any supported organization of the supported     organization operate for the benefit of any supported organization of the supported     organization operate for the benefit of any supported organization of the supported     organization operate for the supporting Organization     Section C. Type II Supporting Organizations     Section T. All Type II Supporting Organizations     Yes No     organization provide to esch of its supported organizations, J whe version is any version of the supporting organization away was clearly if the organization resported organizations. J where a majority of the directors     or trustees of each of the supporting Organizations     Yes No     Yes No     Yes No     Were a majority of the organization supported organizations. J whe last day of the fifth month of the     organization provide to each of its supported organizations. J whe supported organization     Yes No     Yes					
Section B. Type I Supporting Organizations  Yes No  Description  The Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No, 'describe in Part M how the supported organization supported organization, describe how the powers to appoint and/or remove directors or trustees earlied organization, describe how the powers to organization remove directors or trustees were allocated among the supported organization sand what conditions or restrictions, I any, applied to such powers during the tax year. Did the organization performed for any supported organization (II 'No, 'describe how the powers at the purposes of the supported organization) in Part Whow providing such benefit carried out the purposes of the supported organization's (II 'No, 'describe in Part W how control or management of the supporting organization was vested in the same parsons that controlled or managed the supporting organization supporting organization (I) 'I 'No, 'describe in Part W how control or management of the supporting organization was nest recently life as of the date of ondification, and (II) copies of the organization's governing documents in effect on the date of ondification, and (II) copies of the organization's organization's directors or trustees ether (I) appointed organization(s). Did the organization's directors or trustees ether (I) appointed organization and (II) copies of the organization's governing documents in effect on the date of ondification, and (II) copies of the organization's directors or trustees ether (I) appointed organization(s). Did the organization's directors or trustees ether II appointed organization (S) work have a significant voice in the organization's supported organization (I') or 'a voite in the organization's supported organization's (I') and (I') a writen notice describing the tax year. Did the transition's officers, direct	b	A family member of a person described in (a) above?	11b		
<ol> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Part V how the organizations, address, the organizations, address, the organizations, address, the organizations, address, the organization operated, supervised, or controlled the organization operated, supervised, or controlled the organization operated, supervised, or controlled the supporting organization, if any supported organization other than the supporting organization, if any supported organization other than the supporting organization.</li> <li>Did the organization operate for the banefit or any supported organization other than the supporting organization.</li> <li>Section C. Type II Supporting Organizations</li> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, if 'We's expension's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, if 'We's describe in Part V how control or management of the supporting organization was ussted in the same parsons that controlled or managed the support of organization was most recently field as of the date of ondification, and (iii) copies of the organization's supported organization is supported organization. The vescent to provide during the part of the organization's investment policies and indications, to the extent not previously provided organization's supported organization supported organization's supported organization's invokement or a case and all the organization's supported organization's supported organization's firescence and in the organization support organization's supported organization's support organization's support organization's supported organization's suppo</li></ol>			11c		
<ol> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If Nov, "describe nPart II how the supported organization's directors or trustees were allocated anong the supported organization, and the how the powers to appoint and/or remove directors or trustees were allocated anong the supported organization of the tax year? If Nov, "describe how the powers to organization or remove director a trustees were allocated anong the supported organization of the tax year? If Nov, "describe how the powers at for the benefit or anive outported organization of the tax year?</li> <li>Did the organization organization organization of the supported organization (s) that operated, supporting organization or the supported organization (s) that operated, supporting organization were supported organization (s) that operated.</li> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization were vested in the same persons that controlled or managed the supported organization of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) operated organization's tax year, (ii) a copy of the Form 990 that was most recently field as of the date of organization's (s).</li> <li>Were any of the organization's directors, directors, or trustees either (i) appointed organization's (s).</li> <li>Were any of the organization's directors, directors, or trustees either (i) appointed organization's (s).</li> <li>Were any of the organization's directors, directors, or trustees either (i) appointed organization's (s).</li> <li>Were any of the organization's directors, directors, or trustees either (i) appointed organization's (s).</li> <li>Were any of the organization</li></ol>	Sectio	on B. Type I Supporting Organizations			
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JSA Schedule A (Form 990 or 990-EZ) 2016		of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	JSA	Schedule A (Form	990 or	990-E2	Z) 2016

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	•	Nov. 20, 1970 (explai	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<ul> <li>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</li> </ul>	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		

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

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex			Guirent real					
2									
-	organizations, in excess of income from activity	cu							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
7	<b>Total annual distributions.</b> Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
-	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6								
	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2016:								
а									
b									
С	From 2013								
d	From 2014								
е	From 2015								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
i	Carryover from 2011 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from								
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2016 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
<u>a</u>	F ( 0010								
b	Excess from 2013								
<u>с</u>	Excess from 2014								
d	Excess from 2015								
е	Excess from 2016								

Page 8

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

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number SWARTHMORE COLLEGE 23-1352683 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements ..... 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear 🕨 Number of states where property subject to conservation easement is located **b** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1..... ▶ \$ 4,671,000. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 а ▶ \$ Assets included in Form 990, Part X. b ▶ \$

OMB No. 1545-0047

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		RTHMORE COLLE	Hti:					2	3-135	2683	•
	dule D (Form 990) 2016		And Lline	(				0:		1- (	Page 2
	t III Organizations Maintainin	-								•	,
3	Using the organization's acquisition		other reco	rds, check	c any of	the	follow	ing that are	a sign	nificant us	se of its
	collection items (check all that app	ly):		٦.							
а	X Public exhibition		d		or excha	inge p	program	ns			
b	X Scholarly research		е	Other							
С	X Preservation for future gene										
4	Provide a description of the organ	nization's collections	and expla	ain how t	hey furt	ther t	he org	ganization's	exempt	t purpose	e in Part
	XIII.										
5	During the year, did the organization	on solicit or receive o	donations c	of art, histo	orical tre	easure	es, or o	other similar	_		
_	assets to be sold to raise funds rath		ained as pa	art of the c	organiza	tion's	collec	tion?	<u> </u>	Yes	X No
Par	t IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.		s" on Forr	n 990, Pa	art IV, li	ne 9,	, or re	ported an a	imoun	t on Forr	n
4.5			!		a 6 !! 6 !						
1a	Is the organization an agent, truste			-					Г	Vee	
	included on Form 990, Part X?								• • L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the to	llowing tab	ые: Г			<b>A</b>			
	De sie sie ste ste see				-	-		Am	ount		
c	Beginning balance					1c					
a	Additions during the year					1d					
e	Distributions during the year					1e					
T	Ending balance					1f	( P . 1			N.	
	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	nas bee	en pro	vided	on Part XIII	<u> </u>		
Par		ion on worod "Vor	" on Forn	. 000 De		na 1(	h				
	Complete if the organizat							(.1) =		(-) =	
		(a) Current year	(b) Pric		(c) Two			(d) Three year			ears back
1a	Beginning of year balance	1746962000.		99000.	1876			1634685			$\frac{775000}{42000}$
b	Contributions	35,302,000.	9,83	0,000.	8,0	)63,	000.	10,121,	000.	10,7	42,000.
С	Net investment earnings, gains,	055 510 000		2 0 0 0	F 0 F	0.1		000 055		101 8	
	and losses	257,710,000.	-26,57		50,5			293,055,			52,000.
d	Grants or scholarships	17,720,000.	16,85	7,000.	13,8	397,	000.	13,225,	000.	12,4	32,000.
е	Other expenditures for facilities										
	and programs	60,085,000.		8,000.	69,4			41,993,			74,000.
f	Administrative expenses	6,637,000.		9,000.			000.	5,974,			78,000.
g	End of year balance	1955532000.	17469	62000.	1845	5799	000.	1876669	000.	1634	685000.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column	(a)) h	eld as	:			
а	Board designated or quasi-endown		_%								
b	Permanent endowment  57.0										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of the	ne organiza	ation that	are held	and	admir	istered for th	е		
	organization by:										es No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as requir	ed on Sch	edule R?	?				3b	
4	Describe in Part XIII the intended u		tion's endo	wment fur	nds.						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment. tion answered "Ve	s" on For	m 000 P	art IV/ I	ino 1	12 5	ee Form 90	0 Par	t X lina	10
	Description of property	(a) Cost or		(b) Cost o				umulated		book valu	
		(inves		(01	ther)			eciation		<u> </u>	
1a	Land				57,00						7,000.
b	Buildings			461,8	81,00	0.1	34,7	29,999.		327,15	2,000.
С	Leasehold improvements										
d	Equipment				96,00		12,8	32,000.			4,000.
-	Other				71,00						1,000.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, columr	n (B), line	e 10c	.)			339,14	4,000.

Schedule D (Form 990) 2016

## Page 3

### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME	41,369,000.	FMV
(B) PUBLIC EQUITY	302,086,000.	FMV
(C) REAL ASSETS	196,658,000.	FMV
(D) PRIVATE EQUITY	350,049,000.	FMV
(E) MARKETABLE ALTERNATIVES	225,792,000.	FMV
(F) OTHER	2,615,000.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,118,569,000.	

# Part VIII Investments - Program Related.

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

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

#### Other Assets.

Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EMPLOYEE AND FORMER EMPLOYEES	5,654,000.
(3) CONDITIONAL GIFT LIABILITY	10,000,000.
(4) DONORS	15,010,000.
(5) POSTRETIREMENT HEALTH BENEFIT	16,755,000.
(6) CONDITIONAL ASSET RETIRMNT OBL	1,079,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,498,000.

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

Х

Schedu	le D (Form 990) 2016			Page <b>4</b>
Part		turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	L	1	363,278,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	05.		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	152,697,305.
3	Subtract line <b>2e</b> from line <b>1</b>	F	3	210,580,695.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,637,0	00.		
b	Other (Describe in Part XIII.)	31.		
° C	Add lines 4a and 4b		4c	40,694,131.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	251,274,826.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	161,332,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	F	3	161,332,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,637,0	00.		
b	Other (Describe in Part XIII.)         4b         36,910,1	31.		
c c	Add lines 4a and 4b		4c	43,547,131.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		5	204,879,131.
Part	XIII Supplemental Information.			

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

SEE PAGE 5

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF COLLECTIONS

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.

\_\_\_\_\_

SCHEDULE D, PART V, LINE 4 USE OF ENDOWMENT FUNDS

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.

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SCHEDULE D, PART X, LINE 2 TEXT OF FIN 48 (ASC 740) FOOTNOTE

THE FOLLOWING IS THE TEXT OF THE FIN 48 (ASC 740) FOOTNOTE FROM THE CONSOLIDATED JUNE 30, 2017 SWARTHMORE COLLEGE AUDITED FINANCIAL STATEMENTS:

THE COLLEGE IS REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS. NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS HAVE RESULTED FROM UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2016 SWARTHMORE COLLEGE		23-1352683	Page 5
Part XIII Supplemental Information (continued)			
THE COLLEGE CONTINUALLY MONITORS AND EVALUATES I	ITS ACTIVITIES FOR		
UNRELATED BUSINESS INCOME ACTIVITY.			
SCHEDULE D, PART XI, LINE 4B			
DETAIL OF OTHER CHANGES			
COSTS OF RENTAL HOUSING	\$(1,307,869)		
CHANGE IN PRESENT VALUE OF LIFE INCOME FUNDS	(2,853,000)		
STUDENT AID	38,218,000		
TOTAL	\$34,057,131		
SCHEDULE D, PART XII, LINE 4B			
DETAIL OF OTHER CHANGES			
	A ( 1 - 201 - 0.00)		
COSTS OF RENTAL HOUSING	\$(1,307,869)		
STUDENT AID	38,218,000		
TOTAL	\$36,910,131		

Department of the Treasury Internal Revenue Service

# Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-F7

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

V/form990. Open to Public Inspection

Name of the organization	Employer identification numb
SWARTHMORE COLLEGE	23-1352683
Part I	

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
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	x	
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?			
a	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		x	
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
				v
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		x
е	Educational policies?	5e		x
4		5f		x
I		51		
g	Athletic programs?	5g		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		x
6a b	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	X	x
N	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	•		Z) 2016

Page 2

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

SCHEDULE E, LINE 3

PUBLICATION OF RACIALLY NON-DISCRIMINATORY POLICY

SWARTHMORE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN COLLEGE CATALOGS. SUCH POLICY IS ALSO AVAILABLE IN PRINT IN VARIOUS LOCATIONS ON CAMPUS. THE NON-DISCRIMINATORY POLICY FOR SWARTHMORE COLLEGE CAN BE FOUND AT: HTTPS://WWW.SWARTHMORE.EDU/EQUAL-OPPORTUNITY-OFFICE/NON-DISCRIMINATION-AND -EQUAL-OPPORTUNITY

\_\_\_\_\_

SCHEDULE E, LINE 6A

DESCRIPTION OF FINANCIAL AID/ASSISTANCE FROM GOV'T AGENCY

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.

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		Staten	nent of A	ctivities	Outside the Unit	ted States 📙	OMB No. 1545-0047
(Foi	rm 990)	► Complete	if the organiza		"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2016
	tment of the Treasury	► Informatio	n about Schedu		to Form 990. ) and its instructions is at <i>w</i> w	w.irs.gov/form990.	Open to Public Inspection
	al Revenue Service of the organization					Employer ider	ntification number
	RTHMORE COLLE	GE				23-135	
Par		formation o Part IV, line 14		Outside the U	nited States. Complete	if the organization and	swered "Yes" on
1				in records to s	substantiate the amount of	fits grants and other	
•	-	•			e, and the selection criteri	•	
	-	-			••••••		Yes No
2	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its grar	nts and other
3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type service(s) in the region	expenditures for of and investments
(1)	EAST ASIA AND THE	PACIFIC			PROGRAM SERVICES	STUDY ABROAD	235,756.
(2)	EUROPE				PROGRAM SERVICES	STUDY ABROAD	738,934.
(3)	MIDDLE EAST AND NO	ORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	36,215.
(4)	CENTRAL AMERICA/CA	ARIBBEAN			INVESTMENTS	N/A	139,961,031.
(5)	EUROPE				INVESTMENTS	N/A	34,980,067.
(6)	NORTH AMERICA				INVESTMENTS	N/A	765,840.
(7)							
(8)							
(9)							
<u>(10)</u>							
(11)							
(12)							
(13)							
(14)							
(15)							
<u>(16)</u>							
(17)							
3a b	Sub-total Total from sheets to Part I	continuation					176,717,843.
<u> </u>	Totals (add lines						176,717,843.
	aperwork Reduction		e the Instruction	s for Form 990.		Sch	edule F (Form 990) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1274 1.000 29294N 532A

275	1.000		
	29294N	532A	

SWARTHMORE COLLEGE Schedule F (Form 990) 2016

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

►

►

Page 2

Page 3

Schedule F (Form 990) 2016

Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

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

Schedule F (Form 990) 2016

SWARTHMORE COLLEGE

Sched	ule F (Form 990) 2016		Page <b>4</b>
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 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	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 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

## Part V

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

	Supplemer	tal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047					
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	he organization answe organization entered	2016									
Department of the Treasury		•	to Form 990	-	-		Open to Public					
Internal Revenue Service	Information at	oout Schedule G (Form	990 or 990-E	s.gov/form990.	Inspection							
Name of the organization	~-					Employer identificati	on number					
SWARTHMORE COLLE	GE ng Activities. Con	aplete if the orac	nization	neworod	Vos" on Form (	23-1352683	17					
	-EZ filers are not	•				990, Faitiv, iiie						
	the organization rais				activities. Check a	Ill that apply.						
a X Mail solicitat	ions	e X Solicitation of non-government grants										
	email solicitations	f			government grants	6						
c X Phone solicit		g	X Spec	cial fundra	ising events							
d ⊥X In-person so 2a Did the organizat		r oral agroomont w	with any ing	hividual (in	cluding officers d	iractors trustoos						
	s listed in Form 990						X Yes No					
<b>b</b> If "Yes," list the 1 compensated at I	0 highest paid indi east \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be					
		1				(a) Amount poid to						
<b>(i)</b> Name and addre or entity (fur		<b>(ii)</b> Activity	custody c	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
			Yes	No								
1 MARTS & LUNDY		GENERAL										
WALL ST, LYND 2 VALERIE M. JOI		CONSULTING GENERAL		Х	31,912,011.	62,037	. 31,849,974.					
210 IDLEWILD		CONSULTING		x	893,989.	17,006	. 876,983.					
3	,,,											
4												
5												
6												
7												
8												
9												
10												
					20.006.000	50.042						
	which the organiza				32,806,000.		. 32,726,957.					
registration or lice		lion is registered (				nas been notined	n is exempt nom					
ALL STATES												
For Paperwork Reduction Ac	t Notice, see the Instruc	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2016					

## Schedule G (Form 990 or 990-EZ) 2016

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

		grood rooolpto groator than we;o				
			(a) Event #1 GOLF OUTING	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	36,670.			36,670.
Å	2	Looo: Contributions	18,415.			18,415.
		Less: Contributions Gross income (line 1 minus	10,415.			10,415.
	3	line 2).	18,255.			18,255.
	4	Cash prizes				
	5	Noncash prizes	1,075.			1,075.
ŝ	~		0 007			0 007
ense	6	Rent/facility costs	8,227.			8,227.
Expenses	7	Food and beverages	4,238.			4,238.
ц	•					
Direct	8	Entertainment				
-						
	9	Other direct expenses	454.			454.
						12.004
	10 11	Direct expense summary. Add lines	through 9 in column (d)	· · · · · · · · · · · · · · · · · · ·		13,994. 4,261.
Ра		Net income summary. Subtract line 1 Gaming. Complete if the orga	o from me 5, column (u	/		
Га	111	than \$15,000 on Form 990-E	Z, line 6a.	es on Form 990, Fa	it iv, line 19, of rep	
Revenue		. ,	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
Ω						
	1	Gross revenue				
		Gross revenue				
	2					
	2 3	Cash prizes				
	2 3	Cash prizes				
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
	2 3 4	Cash prizes		Yos %	Yos %	
	2 3 4 5	Cash prizes	Yes%		Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes%	Yes%	
	2 3 4 5 6	Cash prizes	Yes%	No	No	
	2 3 4 5 6 7	Cash prizes	Yes% No 2 through 5 in column (d)	No	No No	
	2 3 4 5 6 7	Cash prizes	Yes% No 2 through 5 in column (d)	No	No No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum	Umn (d)	No No	
	2 3 4 5 6 7 8 E	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, columition conducts gaming ac	No           umn (d)           tivities:	No ►	
Direct Expenses	2 3 4 5 6 7 8 8 E	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, columing activities in each	umn (d)	No ►	
Direct Expenses	2 3 4 5 6 7 8 8 E	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, columition conducts gaming ac	umn (d)	No ►	
Direct Expenses	2 3 4 5 6 7 8 8 E	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, columing activities in each	umn (d)	No ►	
Handreiche Britect Expenses	2 3 4 5 6 7 8 E 1 1 5 0 1 f	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colu tion conducts gaming ac gaming activities in each	umn (d)	No ►	Yes No

Schedule G (Form 990 or 990-EZ) 2016

		25 15.	2005	
Sched	ule G (Form 990 or 990-EZ) 2016			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	139		%
b				<u> </u>
	An outside facility			70
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	ks and		
	Tecolus.			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization	and the		
	amount of gaming revenue retained by the third party ► \$			
с	If "Yes," enter name and address of the third party:			
	······································			
	Name 🕨			
	Name			
	Address ►			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to	)	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organized			
5	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		,	
Dar		(iii) and	(v) and	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).		mauon	
	(วิธีธ แาวแนนแบทว).			

SCHEDULE I (Form 990)	Go	overnme	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States plete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									
Department of the Treasury Internal Revenue Service	► Informa	tion about So		n 990) and its instr	uctions is at www	v.irs.qov/form990.		Open to Public Inspection				
Name of the organization				,			Employer identific	ation number				
SWARTHMORE COLLEGE							23-135268	3				
	nation on Grants an											
<ol> <li>Does the organization the selection criteria us</li> <li>Describe in Part IV the</li> </ol>	sed to award the gran organization's proce	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No				
	her Assistance to D ne 21, for any recip					ed if additional spa		es" on Form				
<b>1 (a)</b> Name and addres or governm		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
_(1)		_										
(2)		_										
(3)		_										
(4)		_										
(5)		_										
(6)		_										
(7)		_										
(8)		_										
(9)		_										
(10)		_										
(11)		_										
(12)		_										
2 Enter total number of s	section 501(c)(3) and	government o	l organizations lis	l sted in the line 1 tab	 ble		└ · · · · · · · · · ▶					

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

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SWARTHMORE COLLEGE FUNDS/SCHOLARSHIPS	895.	38,218,000.		N/A	N/A
2					
-					
3					
4					
5					
6					
7					

SCHEDULE I, PART I

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

### 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.

(Forr	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organization ► A	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees n answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990. rm 990) and its instructions is at www.irs.gov/f	. 0	pen to	16	olic
Name	of the organization	· · · ·		Employer identification			
SWAF	RTHMORE CO	LLEGE		23-1352683			
Part	Question	s Regarding Compensation					
						Yes	No
1a	990, Part VII, X First-cla X Travel fo X Tax inde		x       Housing allowance or residence for         X       Housing allowance or residence for         Payments for business use of persor         X       Health or social club dues or initiation         Personal services (such as, maid, character)	these items. personal use nal residence n fees			
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	garding payment plete Part III to	1b	X	
2	Did the orga directors, trus	anization require substantiation prior	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all	2	x	
3	Indicate which organization's related organ X Comper X Indepen	n, if any, of the following the filing organ CEO/Executive Director. Check all that	nization used to establish the compensation at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa X Written employment contract Compensation survey or study X Approval by the board or compensation	ds used by a art III.	2		
4 a b c	organization of Receive a sev Participate in, Participate in,	or a related organization: verance payment or change-of-control p , or receive payment from, a suppleme , or receive payment from, an equity-ba	Part VII, Section A, line 1a, with respect to ayment? antal nonqualified retirement plan? ased compensation arrangement? rovide the applicable amounts for each ite	· · · · · · · · · · · · · · · · · · ·	4a 4b 4c	X	X X
5 a	For persons li compensatior	isted on Form 990, Part VII, Section A, n contingent on the revenues of:	rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue a		5a		X
b					5b		X
6	If "Yes" on lin For persons li	e 5a or 5b, describe in Part III.	, line 1a, did the organization pay or accrue a				
а					6a		Х
b	Any related of				6b		X
7 8	payments not	described on lines 5 and 6? If "Yes," d	on A, line 1a, did the organization provi escribe in Part III paid or accrued pursuant to a contract tha		7		X
9	in Part III		Regulations section 53.4958-4(a)(3)? If low the rebuttable presumption procedule		8		x
					9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	le J (Fo	orm 990	0) 2016

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC 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)	in column (B) reported as deferred on prior Form 990
MARK C. AMSTUTZ	(i)	300,580.	0.	0.	26,500.	17,770.	344,850.	0.
1 CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES L. BOCK III	(i)	217,503.	0.	0.	22,096.	21,620.	261,219.	0.
$2^{\text{DEAN OF ADMISSIONS \& FIN. AID}}$	(ii)	0.	0.	0.	0.	0.	0.	0.
H. ELIZABETH BRAUN	(i)	199,949.	0.	0.	20,383.	69,363.	289,695.	0.
JEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
GREGORY N. BROWN	(i)	338,646.	0.	0.	26,500.	17,770.	382,916.	0.
4 VP FIN & ADMIN & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
KARL W. CLAUSS	(i)	274,374.	0.	0.	58,209.	69,505.	402,088.	0.
5 <sup>VP OF COLLEGE ADVANCEMENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
FRANK C. GRUNSEICH	(i)	224,110.	0.	0.	22,838.	21,639.	268,587.	0.
6 DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
C. STUART HAIN	(i)	225,100.	0.	0.	22,489.	1,327.	248,916.	0.
7 <sup>VP FACILITIES &amp; SERVICES</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY NOWICKI NICELY	(i)	232,006.	0.	0.	23,293.	21,650.	276,949.	0.
8 SECRETARY & VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
EILEEN E. PETULA	(i)	131,942.	0.	0.	19,492.	19,310.	170,744.	0.
$9^{\text{FMR}}$ TREAS & ASSOC VP FOR FIN.	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA PRESCOD-CAESAR	(i)	190,435.	0.	0.	19,477.	21,524.	231,436.	0.
10 <sup>VP HUMAN RESOURCES</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE SMITH	(i)	436,481.	0.	0.	118,059.	60,722.	615,262.	0.
11 <sup>PRES./EX OFFICIO BOARD MEMBER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS STEPHENSON	(i)	258,205.	0.	0.	69,228.	21,714.	349,147.	0.
12 <sup>PROVOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
CONSTANCE HUNGERFORD	(i)	207,611.	0.	0.	21,009.	17,457.	246,077.	0.
13 <sup>FORMER PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
FRANK MOSCATELLI	(i)	127,392.	0.	299,007.	10,773.	519.	437,691.	0.
14 <sup>PROFESSOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ALLEN SCHNEIDER	(i)	228,882.	0.	0.	23,200.	13,059.	265,141.	0.
15 <sup>PROFESSOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
NELSON MACKEN	(i)	216,245.	0.	0.	21,813.	17,549.	255,607.	0.
16 <sup>PROFESSOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

#### Page **2**

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
PROFESSOR BARRY SCHWARTZ PROFESSOR B A A A A A A A A A A A A A A A A A A		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ARTHUR MCGARITY	(i)	209,910.	0.	0.	18,000.	17,921.	245,831.	0
1 <sup>PROFESSOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0
BARRY SCHWARTZ	(i)	130,633.	0.	72,770.	12,893.	10,403.	226,699.	0
2 <sup>PROFESSOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
10	(i) (ii)							
13								
	(i) (ii)							
14								
45	(i) (ii)							
15	(i)							
	(ii)							

### Part III Supplemental Information

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

SCHEDULE J, LINE 1A

DETAIL OF ADDITIONAL BENEFITS PROVIDED

FIRST CLASS TRAVEL

IN GENERAL, IT IS SWARTHMORE COLLEGE'S (THE "COLLEGE") 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

JSA

Page 3

23-1352683

#### Part III Supplemental Information

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

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 SPOUSE/PARTNER TRAVEL

OTHER THAN THE PRESIDENT MUST BE APPROVED, IN ADVANCE, BY THE PRESIDENT

OR HIS/HER DESIGNATE.

### TAX GROSS-UP PAYMENTS

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, AND THE VICE PRESIDENT OF COLLEGE ADVANCEMENT MAINTAINED THEIR FULL TIME RESIDENCE IN COLLEGE-PROVIDED HOUSING AND USED SUCH RESIDENCES FOR COLLEGE BUSINESS AND ENTERTAINMENT PURPOSES.

#### SOCIAL CLUB DUES

MEMBERSHIP DUES WERE PROVIDED TO ONE NEW YORK UNIVERSITY CLUBS TO BE USED

Schedule J (Form 990) 2016

## Part III Supplemental Information

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

FOR BUSINESS PURPOSES (ENTERTAINMENT / TRAVEL).

\_\_\_\_\_

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED EARLY RETIREMENT PAYMENTS IN 2016:

FRANK MOSCATELLI: \$299,007

BARRY SCHWARTZ: \$72,770

SCHEDULE J, PART II

ADDITIONAL INFORMATION

ALL DEFERRED COMPENSATION FIGURES REPORTED ON PART II, COLUMN C, INCLUDE

EMPLOYER CONTRIBUTIONS TO A QUALIFIED RETIREMENT PLAN.

H. ELIZABETH BRAUN - 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.

Schedule J (Form 990) 2016

Page 3

#### Schedule J (Form 990) 2016

# Part III Supplemental Information

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

KARL W. CLAUSS - DEFERRED COMPENSATION ALSO INCLUDES A RETENTION BONUS

PER EMPLOYMENT AGREEMENT.

VALERIE SMITH - OTHER COMPENSATION FIGURE IS A RESULT OF THE PAYMENT OF

ACCRUED LEAVE COMPENSATION AND BENEFITS.

VALERIE SMITH - NON-TAXABLE BENEFITS FIGURE INCLUDES A HOUSING ALLOWANCE.

SEE "RESIDENCE REQUIREMENT" ABOVE.

THOMAS STEPHENSON - DEFERRED COMPENSATION ALSO INCLUDES ACCRUED LEAVE

COMPENSATION AND BENEFITS.

FRANK MOSCATELLI - OTHER REPORTABLE COMPENSATION FIGURE WAS AN EARLY

RETIREMENT PAYMENT.

BARRY SCHWARTZ - OTHER REPORTABLE COMPENSATION FIGURE WAS AN EARLY

RETIREMENT PAYMENT.

JSA

TAX-EXEMPT BONDS- SET#1

# SCHEDULE K

# (Form 990)

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Supplemental Information on Tax-Exempt Bonds

Name of the organization

SW	ARTHMORE COLLEGE										23-1	L3526	583		
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ued (	e) Issue price	(f) De	escription of pu	ırpose	<b>(g)</b> De	feased	(h) beha issu	alf of	(i) Poo financ	
										Yes	No	Yes	No	Yes	No
<b>A</b> s	WARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2011	23-2243929	870000GN0	06/29/20	011	30,383,328.	REFUNDING 2	001 BONDS-	SEE PART VI		х		Х		X
Bs	WARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2011B	23-2243929	870000GY6	12/21/20	011	17,177,979.	VAR. CAPITA	DPROJECTS-	SEE PART VI		x		х		x
<b>C</b> :	WARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2013	23-2243929	870000JG2	07/31/20	013	52,616,042.	VAR. CAPITA	D PROJECTS-	SEE PART VI		x		x		x
D s	WARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2015	23-2243929	870000KJ4	07/14/20	015	59,996,832.	VAR. CAPITA	D PROJECTS-	SEE PART VI		x		x		x
Pa	rt II Proceeds														
						А		В	С				D		
1	Amount of bonds retired					3,054,328	. 3,0	39,979.	7,08	32,04	12.	1	.,20	3,83	32.
2	Amount of bonds legally defeased														
3	Total proceeds of issue				30	0,397,803	. 17,5	94,907.	52,62	26,01	L6.	60	),20	6,81	1.
4															
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows.														
7					. 330,328.		. 137,349.		35	353,591.		. 3		8,93	37.
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds							57,558.	18,38	37,42	25.	35	;,83	0,40	)5.
11	Other spent proceeds				30	0,067,475	•		33,88	35,00	00.				
12												24	,02	7,46	;9.
13	Year of substantial completion				2	2011	201	4	2016						
					Yes	i No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a current refundir				Х			Х	Х					Х	
15						Х		Х		Х				Х	
16	Has the final allocation of proceeds been made? .				Х		Х		Х					Х	
17	Does the organization maintain adequate boo	ks and record	ds to supp	ort the											
	final allocation of proceeds?				X		X		X			Х			

Part III Private Business Use С Α В D No No No 1 Was the organization a partner in a partnership, or a member of an LLC, Yes Yes Yes Yes which owned property financed by tax-exempt bonds? Х Х 2 Are there any lease arrangements that may result in private business use of Х Х

No

Х

Х



Employer identification number

TAX-EXEMPT BONDS- SET#2

# SCHEDULE K

# (Form 990)

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

**Supplemental Information on Tax-Exempt Bonds** 

Name of the organization

SWARTHMORE COLLEGE

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Poo financ	
						Yes	No	Yes	No	Yes	No
A SWARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2016A	23-2243929	870000KY1	08/16/2016	73,699,674.	REFUNDING PRIOR BOND- SEE PART VI		x		х		х
<b>B</b> SWARTHMORE COLLEGE BOROUGH AUTHORITY- SERIES 2016B	23-2243929	870000LW4	08/16/2016	25,244,118.	VAR. CAPITAL PROJECTS- SEE PART VI		x		х		х
											ĺ
C											
											İ.
D											
Part II Proceeds											

i u								1	
			Α	-	В	(	C		)
_1	Amount of bonds retired	1,3	81,674.	1	72,118.				
2	Amount of bonds legally defeased								
	Total proceeds of issue	73,6	99,731.	25,2	64,670.				
	Gross proceeds in reserve funds								
	Capitalized interest from proceeds								
	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3	44,674.	1	94,356.				
	Credit enhancement from proceeds								
	Working capital expenditures from proceeds								
	Capital expenditures from proceeds			4,3	96,588.				
11		73,3	55,057.						
12	Other unspent proceeds			20,6	73,726.				
	Year of substantial completion	201	6						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х				
	Were the bonds issued as part of an advance refunding issue?	Х			Х				
	Has the final allocation of proceeds been made?	Х			Х				
	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		Х					
Pa	rt III Private Business Use								
			Α	l	B	С		0	)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?				X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?				Х				
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.		1				 	chedule K (Eo	rm 000) 201



23-1352683

SWARTHMORE COLLEGE

## 23-1352683

Part III	Private Business Use (Continued) TAX	X-EXEMP	T BONDS-	SET#1					Page Z
			Α		В	(	C		D
	e there any management or service contracts that may result in private siness use of bond-financed property?	Yes	No	Yes	No X	Yes	No X	Yes	No X
<b>b</b> If "	Yes" to line 3a, does the organization routinely engage bond counsel or other outside unsel to review any management or service contracts relating to the financed property?								
	e there any research agreements that may result in private business use of nd-financed property?				x		x		x
	Yes" to line 3c, does the organization routinely engage bond counsel or other side counsel to review any research agreements relating to the financed property?								
	ter the percentage of financed property used in a private business use by entities per than a section 501(c)(3) organization or a state or local government►		%		%		%		%
res	ter the percentage of financed property used in a private business use as a sult of unrelated trade or business activity carried on by your organization, other section $501(c)(3)$ organization, or a state or local government		%		.1000 %		2000 %		%
6 Tot	tal of lines 4 and 5		%		.1000 %	1.	2000 %		%
	es the bond issue meet the private security or payment test?				Х		Х		Х
	s there been a sale or disposition of any of the bond-financed property to a ngovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		х		x
b If "	Yes" to line 8a, enter the percentage of bond-financed property sold or posed of		%		%		%		%
c lf "	Yes" to line 8a, was any remedial action taken pursuant to Regulations ctions 1.141-12 and 1.145-2?								
nor	s the organization established written procedures to ensure that all nqualified bonds of the issue are remediated in accordance with the quirements under Regulations sections 1.141-12 and 1.145-2?			x		x		x	
Part IV	Arbitrage								
			A		В				D
Per	s the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and nalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No X	Yes	No X	Yes	No X
2  f "	No" to line 1, did the following apply?								
a Reb	bate not due yet?		Х		X		Х	Х	
<b>b</b> Exc	ception to rebate?		Х		X		Х		X
	rebate due?	Х		Х		Х		Х	
	"Yes" to line 2c, provide in Part VI the date the rebate computation was								
	he bond issue a variable rate issue?		X		Х		Х		X
4a Has	s the organization or the governmental issuer entered into a qualified								
	dge with respect to the bond issue?		Х		Х		Х		X
	me of provider						·		
	rm of hedge								
									1
<b>d</b> Wa	as the hedge superintegrated?								

JSA 6E1296 1.000

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016

Page **2** 

SWARTHMORE COLLEGE

# 23-1352683

Pa	rt III Private Business Use (Continued) TA	X-EXEME	T BONDS-	SET#2					
			Α		В	(	C	]	D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?				Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?				Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		-						
•	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
•	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?				X				
	Has there been a sale or disposition of any of the bond-financed property to a								<u> </u>
u	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X				
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								L
	disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations				//		/0	r	//
U	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							ľ	
	requirements under Regulations sections 1.141-12 and 1.145-2?			х					
Pa	rt IV Arbitrage								L
T a	Aminugo		Α		В		C	r	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	103	X	103	X	105	110	105	
2	If "No" to line 1, did the following apply?								L
	Rebate not due yet?		x		X				
	Exception to rebate?		X		X				
	No rebate due?	x		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								L
	performed								
3	Is the bond issue a variable rate issue?		X		X				
	Has the organization or the governmental issuer entered into a qualified								
τa	hedge with respect to the bond issue?		x		x			ļ	
h	Name of provider								L
	Term of hedge								
	Was the hedge superintegrated?								
									<u> </u>
е	Was the hedge terminated?							I	

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016

Page **2** 

Schedule K (Form 990) 2016								Page 3
Part IV Arbitrage (Continued)								
		Α		В		С		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		Х		Х
<b>b</b> Name of provider				1				
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?		X		X		X		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		x		x	
Part V Procedures To Undertake Corrective Action								<u> </u>
		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 isn't available under applicable regulations?	100		100		100			
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	х		x		x		x	
		nc on Sch		oo inctruo			1	
Part VI Supplemental Information. Provide additional information for responses to	questio		euule N. S		10115			
						5	Schedule K (Fo	orm 990) 2016

Arbitrage (Continued)       A       B       C       D         5a       Were gross proceeds invested in a guaranteed investment contract (GC)?       X<	Schedule K (Form 990) 2016								Page 3
Sa       Ware gross proceeds invested in a guaranteed investment contract (GIC)?       Yes       No       Yes       No </td <td>Part IV Arbitrage (Continued)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Part IV Arbitrage (Continued)								
5a     Were gross proceeds hardor for establishing the fair marker value of the GC satisfied?			Α		В		С		D
b Name of provider     The set of provider     The set of equivalence of the set of the GC setsified     was the regulatory add harhor for establishing the far market value of the GC setsified     was the regulatory add harhor for establishing minimum terms to market value of the GC setsified     was the regulatory add harhor for establishing within proceedings to ensure that violations to ensure the ensure that violations to ensure the ensure that		Yes	No	Yes	No	Yes	No	Yes	No
b Name of provider	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
C Term of GIC					1				
d Was the regulatory safe harbor for establishing the fair market value of the GIC starting?       X       <									
6       Were any gross proceeds invested beyond an available temporary period?       X									
7       Has the organization established written procedures to monitor the requirements of section 148?       x			X		Х				
requirements of section 148?       X <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>									
Part V Procedures To Undertake Corrective Action          Has the organization established written procedures to ensure that violations of fodderal lax requirements are timely identified and corrected through the time procedures to ensure that violations is travailable under applicable regulations?       No       Yes       Yes <td></td> <td>Х</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Х		X					
Has the organization established written procedures to ensure that violations, of federal tax requirements are timely identified and corrected through the applicable regulations?     No     Yes     No     Yes     No     Yes     No       Part VI     Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions     Image: Construction of the set of the s									
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions			A		В		с		D
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	of federal tax requirements are timely identified and corrected through the								
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	voluntary closing agreement program it self-remediation isn't available under applicable regulations?	x		x					
			ns on Sch		ee instruc	tions			<u> </u>
		9400000							
Schedule K (Form 990) 2016									
								chedule K /E/	orm 990) 2016

Schedule K (Form 990) 2016

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 SERIES 2011 BOND ISSUED ON 6/29/2011 WERE USED TO REFUND A PORTION OF 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 B: THE PROCEEDS OF THE SERIES 2011B BOND ISSUED ON 12/21/2011 WERE USED FOR VARIOUS TAX-EXEMPT CAPITAL PROJECTS AND TO FUND THE COST OF ISSUING THE 2011B BONDS.

PART I, LINE C: THE PROCEEDS OF THE SERIES 2013 BOND ISSUED ON 7/31/2013 WERE USED TO REFUND THE SWARTHMORE COLLEGE REVENUE BONDS, SERIES 2008 ISSUED ON 4/30/2008 AND SERIES 2009 ISSUED ON 7/29/2009, AND USED FOR VARIOUS TAX EXEMPT CAPITAL PROJECTS AND TO FUND THE COSTS OF ISSUING THE 2013 BONDS.

PART I, LINE D: THE PROCEEDS OF THE SERIES 2015 BOND ISSUED ON 7/14/2015 WILL BE USED FOR VARIOUS TAX-EXEMPT CAPITAL PROJECTS AND TO FUND THE COST

OF ISSUING THE 2015 BONDS.

#### Schedule K (Form 990) 2016

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

PART I, LINE E: THE PROCEEDS OF THE SERIES 2016A BOND ISSUED ON 7/19/2016

WERE USED TO ADVANCE REFUND THE 2006A REVENUE BONDS (WHICH HAD BEEN USED

TO ADVANCE REFUND THE SERIES 1998 AND 2001 REVENUE BONDS), AND TO FUND

THE COSTS OF ISSUING THE 2016A BONDS.

PART I, LINE F: THE PROCEEDS OF THE SERIES 2016B BOND ISSUED ON 7/19/2016 WILL BE USED FOR VARIOUS TAX-EXEMPT CAPITAL PROJECTS AND TO FUND THE COST OF ISSUING THE 2016B BONDS.

\_\_\_\_\_

SCHEDULE K, PART II, LINE 3

DETAIL OF TOTAL PROCEEDS FROM ISSUE

THE TOTAL PROCEEDS OF ISSUE REPORTED FOR EACH BOND LISTED INCLUDES ANY

INVESTMENT EARNINGS.

\_\_\_\_\_

SCHEDULE K, PART II, LINE 13

YEAR OF SUBSTANTIAL COMPLETION

#### Schedule K (Form 990) 2016

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

THE 2015 AND 2016B BONDS HAVE NOT YET MET THE DEFINITION OF SUBSTANTIAL

COMPLETION. AS A RESULT, NO YEAR HAS BEEN ENTERED.

\_\_\_\_\_

SCHEDULE K, PART III

PRIVATE BUSINESS USE

SINCE THE SERIES 2011 BOND WAS USED TO ADVANCED REFUND THE SERIES 2001

BONDS, THIS SECTION IS NOT APPLICABLE.

SINCE THE SERIES 2016A BOND WAS USED TO ADVANCED REFUND THE SERIES 2006A BONDS (WHICH HAD BEEN USED TO ADVANCE REFUND THE SERIES 1998 AND 2001 REVENUE BONDS), THIS SECTION IS NOT APPLICABLE.

\_\_\_\_\_

SCHEDULE K, PART IV, LINE 2C

DATE THE REBATE COMPUTATION WAS PERFORMED

SERIES 2011: 06/28/2016

SERIES 2011B: 12/21/2017

SERIES 2013: 07/30/2017

Schedule K (Form 990) 2016

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

SERIES 2015: 09/15/2017

SERIES 2016A: 08/16/2017

SERIES 2016B: 08/16/2017

\_\_\_\_\_

SCHEDULE L	1	Tra	ansactio	ns	Witł	n Interes	sted	Pe	ersons		L	OME	3 No. 1	545-00	)47	
(Form 990 or 990	-EZ) 🕨 Co	mplete if the o	rganization a	nswe	red "Ye	es" on Form	990, Pa	rt IV	, line 25a, 25l	b, 26, 27	28a,		20	16		
Department of the Trea			· · ·	•		90-EZ, Part V ۱ 990 or Forn			r 40b.			0	pen To	Public	С	
Internal Revenue Servio		Information abo	ut Schedule L (	Form 9	990 or 99	90-EZ) and its i	nstructio	ons i	s at www.irs.go	v/form99	<i>o</i> .	l In	specti	on		
Name of the organizati	on									Employe			numbe	r		
SWARTHMORE C											-1352					
		Transactions organization a											line 4	Ob.		
<b>1 (a)</b> Name	of disqualified	person	<b>(b)</b> Relatio	nship l	between organiz	disqualified pers ation	son and		<b>(c)</b> D	escriptio	of trans	saction		H	) Corre	ected?
(1)																
(2)															_	
(3)								_							_	
(4) (5)															-	
(6)								-							+	
	mount of t	ax incurred by	v the organiz	zatior	mana	aers or disc	ualifie	d pe	ersons during	the ve	ar					—
under secti	on 4958	••••										▶ \$				
3 Enter the a	mount of ta	ix, if any, on li	ne 2, above,	reiml	bursed	by the orga	inizatio	n			>	▶ \$				
		From Interes			_											
		organization a orted an amo						ine :	38a or Form	990, Pa	rt IV, li	ne 26;	or if th	ne		
(a) Name of interes	ted person	(b) Relationship	(c) Purpose of	1	an to or	(e) Origir			(f) Balance due	<b>(g)</b> Ir	default					
ATTACHMENT	1	with organization	Ioan		m the iization?	principal an	nount						oard or nittee?	agree	mer	nt?
ATTACHMENT	T			To	From					Yes	No	Yes	No	Yes		lo
(1)				10	FIOIII					16:		162	NU	162		<u> </u>
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)									1 105 05							_
Total	<u></u>		<u></u>	 	<u></u>		<u></u>	\$	1,185,07	0.						
		tance Benefit organization a					/ line 2	7								
(a) Name of interes		(b) Relationshi	p between intere	sted (			1		ype of assistanc	e	(e	) Purpo	se of as	sistanc	е	
(1)																
(2)																
(3)																
(4)																
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(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) 2016

Schedule L (Form 990 or 990-EZ) 2016

Part IV

# Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sh organia	aring of
ATTACHMENT 2	organization			reven	nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

ATTACHMENT 1

Schedule L (Form 990 or 990-EZ) 2016

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	naring of ization's nues?
				Yes	No
(1)					
(2)					
(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 II

NAME	JAMES L BOCK III
RELATIONSHIP WITH ORGANIZATION	OFFICER
PURPOSE OF LOAN	MORTGAGE
LOAN TO OR FROM THE ORG.?	YES X NO
ORIGINAL PRINCIPAL AMOUNT	340,000.
BALANCE DUE	207,934.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO
NAME	GREGORY N. BROWN
RELATIONSHIP WITH ORGANIZATION	OFFICER
PURPOSE OF LOAN	MORTGAGE
LOAN TO OR FROM THE ORG.?	YES X NO
ORIGINAL PRINCIPAL AMOUNT	410,000.
BALANCE DUE	380,440.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO
NAME	ARTHUR MCGARITY
RELATIONSHIP WITH ORGANIZATION	HIGHLY COMPENSATED EMPLOYEE
PURPOSE OF LOAN	MORTGAGE
LOAN TO OR FROM THE ORG.?	YES X NO
ORIGINAL PRINCIPAL AMOUNT	117,500.
BALANCE DUE	117,373.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO

Schedule L (Form 990 or 990-EZ) 2016

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of transaction (a) Name of interested person (b) Relationship between (d) Description of transaction (e) Sharing of interested person and the organization's organization revenues? Yes No (1) (2) (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 II

NAME	PAMELA PRESCOD-CAESAR
RELATIONSHIP WITH ORGANIZATION	OFFICER
PURPOSE OF LOAN	MORTGAGE
LOAN TO OR FROM THE ORG.?	YES X NO
ORIGINAL PRINCIPAL AMOUNT	315,500.
BALANCE DUE	300,790.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO
NAME	THOMAS STEPHENSON
RELATIONSHIP WITH ORGANIZATION	OFFICER
PURPOSE OF LOAN	MORTGAGE
LOAN TO OR FROM THE ORG.?	YES X NO
ORIGINAL PRINCIPAL AMOUNT	328,000.
BALANCE DUE	178,533.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO

## SCHEDULE L, PART IV

ATTACHMENT 2

ATTACHMENT

1

(CONT'D)

(A)	NAME OF INTERESTED PERSON	TEMIN AND COMPANY, INC.
(B)	RELATIONSHIP	DAVIA TEMIN, TRUSTEE, HAS AN OWNERSHIP INTEREST IN TEMIN & COMPANY
(C)	AMOUNT	198,624.
(D)	DESCRIPTION OF TRANSACTION	CONSULTING FEES
(E)	SHARING ORGANIZATION REVENUE?	YES X NO

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2016

**Open To Public** 

Inspection

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

Attach to Form 990.

►	Information	about Sched	ule M (Forn	n 990) and	I its instructions	is at www.irs.g	gov/form990.

Name of the organization

Department of the Treasury Internal Revenue Service

# Employer identification number

23-	-1352683	

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			nts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	118.	6,063,134.	FAIR MARK	ET VAI	JUE	
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		1	C 4 9 2 2 9				
17	Real estate - Other	X	1.	647,337.	FAIR MARK	ET VAL	JUE	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26 27	Other $\blacktriangleright$ ()							
27 28	Other ►() Other ►()							
20	Number of Forms 8283 received	by the org	prization during the tax w	or for contributions for				
29	which the organization completed I				29			
	which the organization completed i	0111 0200,	r art iv, Donee / teknowieug		[	Ye	s	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		-	
	28, that it must hold for at least the				-			
	to be used for exempt purposes for	-			-	30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?					31	x	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?	•	0			32a		Х
b	If "Yes," describe in Part II.							
~~								

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I, LINE 32

USE OF THIRD PARTIES

SWARTHMORE COLLEGE MAINTAINS ACCOUNTS AT SEVERAL BROKERAGE FIRMS TO

FACILITATE THE SALE OF ANY NON-CASH CONTRIBUTIONS IT MAY RECEIVE.

\_\_\_\_\_

SCHEDULE M, PART I, COLUMN (B)

INFORMATION REGARDING NUMBER OF CONTRIBUTIONS

SWARTHMORE COLLEGE IS REPORTING THE AGGREGATE NUMBER OF CONTRIBUTIONS RECEIVED OF SCHEDULE M, PART I, COLUMN B (NOT THE NUMBER OF ITEMS RECEIVED).

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

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SWARTHMORE COLLEGE

23-1352683

FORM 990, PART VI, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS

EUGENE M. LANG, EMERITUS CHAIR AND JANE LANG, TRUSTEE, HAVE A FAMILY

RELATIONSHIP.

\_\_\_\_\_

FORM 990, PART VI, LINE 11 AND 11A FORM 990 REVIEW PROCESS

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 ALL BOARD MEMBERS FOR THEIR REVIEW.

\_\_\_\_\_

FORM 990, PART VI, LINE 12C CONFLICT OF INTEREST POLICY

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 OF BUSINESS AND CHARITABLE AFFILIATIONS, TRANSACTIONS WITH THE COLLEGE, AND ANY POSSIBLE CONFLICTS. LIKEWISE, ALL SUPERVISORY STAFF OF THE COLLEGE RECIEVES 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.

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#### FORM 990, PART VI, LINE 15B

PROCESS FOR DETERMINING OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE COMPENSATION

THE COMPENSATION COMMITTEE OF THE BOARD OF MANAGERS REVIEWS AND APPROVES THE COMPENSATION FOR COMPENSATED OFFICERS, DIRECTORS, AND KEY EMPLOYEES, INCLUDING THE PRESIDENT. THE COMMITTEE REVIEWS COMPARATIVE DATA OBTAINED FROM AN INDEPENDENT CONSULTANT, CONSULTS WITH THE PRESIDENT REGARDING THE PERFORMANCE OF EACH OFFICER, DIRECTOR AND KEY EMPLOYEE THAT REPORTS TO THE PRESIDENT AND SETS THE COMPENSATION FOR EACH OF THEM. THE COMPENSATION COMMITTEE SEPARATELY REVIEWS THE PERFORMANCE OF THE PRESIDENT AND USES COMPARATIVE DATA TO DETERMINE THE PRESIDENT'S COMPENSATION FOR THE SUBSEQUENT YEAR. THIS PROCESS IS COMPLETED ANNUALLY.

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FORM 990, PART VI, LINE 19 AVAILABILITY OF DOCUMENTS TO THE PUBLIC

THE COLLEGE MAKES ITS GOVERNING DOCUMENTS 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.

\_\_\_\_\_

FORM 990, PART XI, LINE 9 DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN PRESENT VALUE OF LIFE INCOME FUNDS \$1,282,000GAIN ON EXTINGUISMENT OF DEBT1,595,000CHANGE IN OTHER POST RETIREMENT BENEFITS(24,000)

\$2,853,000

\_\_\_\_\_

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

ATTACHMENT 1

SWARTHMORE COLLEGE IS AN INSTITUTION DEDICATED TO THE FINEST UNDERGRADUATE EDUCATION, COMMITTED TO MAKING A SIGNIFICANT INTELLECTUAL CONTRIBUTION, AND RESOLVED TO BE A MICROCOSM OF, AND PREPARE LEADERSHIP FOR A MORE JUST WORLD. OUR MISSION IS TO PROVIDE AN EDUCATIONAL EXPERIENCE THAT HAS AT ITS CORE A COMMITMENT BOTH TO INTELLECTUAL VIGOR AND TO THE RESPONSIBILITY TO USE THAT VIGOR TO

me of the organization	Employer identification number		
WARTHMORE COLLEGE	23-1352683		
	ATTACHMENT 1 (CONT'D)		
ORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION			
DVANCE THE CONDITIONS OF HUMANITY. THE COLLEGE SEEKS TO DO THIS			
HROUGH AN EXCEPTIONAL ACADEMIC PROGRAM AND SUPPORTED BY PURPOSEFU	L		

MISSION IS RECOGNITION OF THE FACT THAT STUDENT LEARN BOTH INSIDE AND OUTSIDE THE CLASSROOM.

ATTACHMENT 2

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

SWARTHMORE IS A CO-EDUCATIONAL COLLEGE OF LIBERAL ARTS AND ENGINEERING DEDICATED TO INTELLECTUAL EXPLORATION, ACCESS, AND EDUCATING FOR THE COMMON GOOD. THE AVERAGE ENROLLMENT FOR FISCAL YEAR 2016-17 WAS 1,620. THERE WERE 233 STUDENTS STUDYING ABROAD. OF THE TOTAL STUDENT POPULATION, 1,404 COME FROM ACROSS THE UNITED STATES WHILE 216 COME FROM OTHER NATIONS.

SWARTHMORE'S COMMITMENT TO FINANCIAL AID AND ACCESS IS AT THE CORE OF OUR EDUCATIONAL MISSION. THE COLLEGE STRIVES TO MAKE IT POSSIBLE FOR ALL ADMITTED STUDENTS TO ATTEND SWARTHMORE, REGARDLESS OF THEIR ABILITY TO PAY, AND MEETS 100 PERCENT OF DETERMINED NEED FOR ALL ADMITTED STUDENTS. NEARLY 60 PERCENT OF THE CLASS OF 2021 RECEIVED NEED-BASED SWARTHMORE SCHOLARSHIP AID FROM AN OVERALL FINANCIAL AID BUDGET OF JUST UNDER \$40 MILLION. SWARTHMORE'S AID AWARDS CONSIST OF GRANTS (WHICH DO NOT NEED TO BE REPAID) AND THE EXPECTATION THAT STUDENTS WILL WORK IN A PART-TIME CAMPUS-BASED JOB. THE COLLEGE'S FINANCIAL AID AWARDS ARE

ATTACHMENT 2 (CONT'D)

LOAN-FREE.

SWARTHMORE'S 425-ACRE ARBORETUM CAMPUS INCLUDES THE CRUM WOODS, A NATURALLY WOODED AREA COMPRISING NEARLY THREE-FIFTHS OF THE COLLEGE'S LAND. IN 2015, THE COLLEGE LAUNCHED ITS ENVIRONMENTAL SUSTAINABILITY FRAMEWORK, A SET OF GUIDELINES FOR CAPITAL PROJECTS AND FACILITIES OPERATIONS THAT INCLUDES SUSTAINABLE BUILDING GUIDELINES AND A PROJECT CHECKLIST. THE FOLLOWING YEAR, THE COLLEGE INSTITUTED A CARBON CHARGE THAT PROVIDES FUNDING FOR CAMPUS INITIATIVES AND PROJECTS THAT INCREASE ENERGY CONSERVATION AND EFFICIENCY AND PROMOTE RENEWABLE ENERGY. SWARTHMORE WAS HONORED TO RECEIVE A 2017 SUSTAINABLE CAMPUS EXCELLENCE AWARD IN THE INNOVATIVE COLLABORATION CATEGORY FROM THE INTERNATIONAL SUSTAINABLE CAMPUS NETWORK FOR OUR CARBON CHARGE PROGRAM.

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.

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
SWARTHMORE COLLEGE	23-1352683
	ATTACHMENT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTOR	RS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WS CUMBY & SON INC. 938 LINCOLN AVENUE SPRINGFIELD, PA 19064	BUILDING SERVICES	18,024,163.
BALLINGER COMPANY 833 CHESTNUT STREET PHILADELPHIA, PA 19107	BUILDING SERVICES	2,623,051.
LF DRISCOLL COMPANY LLC 401 CITY LINE AVENUE - SUITE 500 BALA CYNWYD, PA 19004	BUILDING SERVICES	2,614,175.
CTC CONSTRUCTION MANAGEMENT INC. P.O. BOX 256 MECHANICSVILLE, PA 18934	BUILDING SERVICES	2,249,613.
HARRISON ELECTRICAL INC. 829 LINCOLN AVENUE - UNIT 10 WEST CHESTER, PA 19380	BUILDING SERVICES	1,594,191.

FORM 990, PART	VIII - EXCLUDED CONTRIBUTIONS	ATTACHMENT 4	
DESCRIPTION	AMOUNT		
GOLF OUTING	18,415.		
TOTAL	18,415.		

# FORM 990, PART VIII - FUNDRAISING EVENTS

# ATTACHMENT 5

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF OUTING	18,255.	13,994.	4,261.
TOTALS	18,255.	13,994.	4,261.

OMB No. 1545-0047

Open to Public

Inspection

6

2

Employer identification number

23-1352683

# **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.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

Part I

SWARTHMORE COLLEGE

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

(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
(1) PARRISH LLC 46-0563007						
500 COLLEGE AVE SWARTHMORE, PA 19081		INN/RESTAURNT	PA	3,931,256.	-1,199,232.	SWARTHMORE
(2)						
(3)						
(4)						
(5)		-				
(6)						

## Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1)	-						
(2)							
(3)	_						
(4)	_						
(5)	_						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2016

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> 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 man	j) eral or aging ther?	<b>(k)</b> Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) MARJAY PRODUCTIONS, INC. 13-1952572	2							
1007 ORANGE STREET, SUITE 1410 WILMINGTON, DE 19801	LITERARY WORK	DE	N/A	C CORPORATION	205,042.	121,867.	100.0000	x
(2) CHARITABLE REMAINDER ANNUITY TRUSTS								
(CRATS - 3) SWARTHMORE, PA 19081	N/A	PA	N/A	TRUST				
(3) CHARITABLE REMAINDER UNITRUSTS								
(CRUTS - 29) SWARTHMORE, PA 19081	N/A	PA	N/A	TRUST				
(4) NET INC. CHARITABLE REMAINDER UNITRUSTS								
(NIMCRUTS - 6) SWARTHMORE, PA 19081	N/A	PA	N/A	TRUST				
(5)								
(6)								
(7)								

JSA 6E1308 1.000

23-1352683

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.					
Note: Co	mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 Duri	ng the tax year, did the organization engage in any of the following transactions with one or more r							
	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х		
<b>b</b> Gift	grant, or capital contribution to related organization(s)				1b		Х	
c Gift	grant, or capital contribution from related organization(s)				1c		Х	
<b>d</b> Loa	ns or loan guarantees to or for related organization(s)				1d		Х	
<b>e</b> Loa	ns or loan guarantees by related organization(s)				1e		X	
f Divi	dends from related organization(s)			[	1f		Х	
	of assets to related organization(s)				1g		Х	
h Pure	hase of assets from related organization(s)				1h		Х	
i Exc	nange of assets with related organization(s)			L	1i		X	
j Lea	se of facilities, equipment, or other assets to related organization(s)			• • • • • •	1j		X	
k Lea	se of facilities, equipment, or other assets from related organization(s)			[	1k		Х	
I Per	ormance of services or membership or fundraising solicitations for related organization(s)				11		Х	
m Per	ormance of services or membership or fundraising solicitations by related organization(s)			•••••	1 m		Х	
	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х	
o Sha	ring of paid employees with related organization(s)				10		X	
•	nbursement paid to related organization(s) for expenses				1p		Х	
<b>q</b> Reir	nbursement paid by related organization(s) for expenses			• • • • •	1q	_	X	
r Oth	or transfer of each or property to related organization(c)				1r		Х	
s Oth	er transfer of cash or property to related organization(s) er transfer of cash or property from related organization(s)			•••••	1s		X	
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete t	his line including cove	red relationships and transa	action thres				
		(b)	(c)		(d)			
	Name of related organization	Transaction type (a-s)	Amount involved Meth			Method of determining amount involved		
(1) MAI	RJAY PRODUCTIONS, INC.	A	80,000.	PER EST	FATE	E DO	DC.	
(2)								
(2)								
(3)								
(4)								
(5)								
(6)								
JSA 6E1309 1.000			Sch	edule R (Fo	orm 9	90) 2	2016	

Schedule R (Form 990) 2016

# 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	(state or fore	(c) Legal domicile (state or foreign country)	foreign income (related,	ed 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(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
				Yes	No			Yes	No		Yes	No	ļ
1)													
2)	_												
3)	_												
4)													
5)													
6)													
7)													
8)													
9)													
0)													
1)													<u> </u>
2)													
3)													
4)													
5)													
6)								-					

JSA 6E1310 1.000

Schedule R (Form 990) 2016

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.