Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 07/01 2015, and ending 20 16 C Name of organization Vassar College D Employer identification number В Check if applicable: Address change Doing business as 14-1338587 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 124 Raymond Ave Box 12 845-437-7000 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Poughkeepsie, NY, 12604 G Gross receipts \$ 568 139 311 Amended return Application pending | F Name and address of principal officer: **Catharine Bond Hill** H(a) Is this a group return for subordinates? Yes No 124 Raymond Ave Box 1, Poughkeepsie, NY 12604 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) ___ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ www.vassar.edu **H(c)** Group exemption number ▶ Form of organization: V Corporation Trust L Year of formation: M State of legal domicile: Association NY Part I 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF VASSAR COLLEGE IS TO MAKE ACCESSIBLE "THE MEANS OF A THOROUGH, WELL-PROPORTIONED AND LIBERAL EDUCATION" THAT Activities & Governance (Continued on Schedule O, Statement 1) 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 3,639 6 6 Total number of volunteers (estimate if necessary) 4,209 Total unrelated business revenue from Part VIII, column (C), line 12 7a -20,035 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 34,360,332 22,110,693 Revenue 9 Program service revenue (Part VIII, line 2g) 154,498,653 157,899,133 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,586,842 39.011.371 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 3,415,461 4,023,677 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 238,861,288 223.044.874 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 58,760,671 62,015,966 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 110.873.228 114,077,112 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,671,162 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 72,597,363 74,165,894 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 242,231,262 250,258,972 19 Revenue less expenses. Subtract line 18 from line 12 -27,214,098 -3,369,974 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 1,571,955,511 1,488,906,379 21 Total liabilities (Part X, line 26) . 347,574,135 346,469,179 22 Net assets or fund balances. Subtract line 21 from line 20 1,224,381,376 1,142,437,200 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Angelique Zalaznick, Controller Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

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Part	·
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF VASSAR COLLEGE IS TO MAKE ACCESSIBLE "THE MEANS OF A THOROUGH, WELL-PROPORTIONED
	AND LIBERAL EDUCATION" THAT INSPIRES EACH INDIVIDUAL TO LEAD A PURPOSEFUL LIFE. THE COLLEGE MAKES
	POSSIBLE AN EDUCATION THAT PROMOTES ANALYTICAL, INFORMED, AND INDEPENDENT THINKING AND SOUND
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 135,742,663 including grants of \$ 61,939,042) (Revenue \$ 154,202,021)
	INSTRUCTION - VASSAR STUDENTS CHOOSE AMONG 30 DEPARTMENTS, 6 INTERDISCIPLINARY PROGRAMS, 11
	MULTIDISCIPLINARY PROGRAMS, 51 MAJORS, AND APPROXIMATELY 1,000 COURSES TO CHART A RIGOROUS COURSE
	OF STUDY THAT EXPLORES THEIR MOST COMPELLING INTERESTS.
41-	(Code) \(\sum_{\text{Cure proced}}\)
4b	(Code:) (Expenses \$ 20,247,216 including grants of \$ 0) (Revenue \$ 0) ACADEMIC SERVICES - ADVISING AND SUPPORT SERVICES TO PROVIDE GUIDANCE TO OUR STUDENTS TO HELP
	THEM ACCOMPLISH THEIR GOALS. THE MISSION OF THE ACADEMIC SERVICES DIVISION IS TO ENSURE AND TO
	STRENGTHEN THEIR FULFILLING EXPERIENCE AS A VASSAR STUDENT.
4c	(Code:) (Expenses \$ 18,520,017 including grants of \$ 0) (Revenue \$ 0)
	STUDENT SERVICES - AS A RESIDENTIAL COLLEGE, VASSAR IS COMMITTED TO PROVIDING SUPPORT SERVICES TO
	HELP STUDENTS MAKE THE MOST OF THEIR TIME AT VASSAR. THE OFFICE OF THE DEAN OF THE COLLEGE
	OVERSEES AND COORDINATES SERVICES THAT DIRECTLY IMPACT THE QUALITY OF STUDENT LIFE, BOTH ACADEMIC
	AND NON-ACADEMIC.
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 3
	(Expenses \$ 24,897,913 including grants of \$ 76,924) (Revenue \$ 7,719,368)
4e	Total program service expenses ► 199,407,809

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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	_	
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	>	
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	>	
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		ν ν
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		v
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		,
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		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a 28b		\(\triangle \)
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		,
29 30	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 conservation contributions? <i>If "Yes," complete Schedule M</i>	29	V	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	,	
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	V	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	-	,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
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	<u></u>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2596			
b	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			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3639			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	/	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	~	
h	If "Yes," enter the name of the foreign country: See Schedule O, Statement 4	4a	_	
b	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 33 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. Enter the number of voting members included in line 1a, above, who are independent 1b 32 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," ~ 12c 13 13 ~ 1 14 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? The organization's CEO, Executive Director, or top management official 1 15a 15b 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 16a / 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 See Schedule O, Statement 5 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Angelique Zalaznick Controller, (845)437-5890

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

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

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

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

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

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

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

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Name and Title	(A)	(B)							(D)	(E)	(F)
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NAMSHED J BHARUCHA	JOHN P ARNHOLD	3									
TRUSTEE AND COMMITTEE CHAIR 0	TRUSTEE	0	~						0	0	0
JASON BLUM	JAMSHED J BHARUCHA	4									
TRUSTEE	TRUSTEE AND COMMITTEE CHAIR		~						0	0	0
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TRUSTEE 0 ✓ 0 0 0 LINDA FAIRSTEIN 4 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 RICHARD FEITLER 2 0 0 0 TRUSTEE 0 ✓ 0 0 0 ANTHONY J FRISCIA 4 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 JEFFREY A GOLDSTEIN 4 0 0 0 0 LORNA BADE GOODMAN 4 0 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 0 MARYELLEN CATTANI HERRINGER 4 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 0	TRUSTEE AND COMMITTEE CHAIR		~						0	0	0
LINDA FAIRSTEIN	DARYS ESTRELLA	2									
TRUSTEE AND COMMITTEE CHAIR 0	TRUSTEE		~						0	0	0
RICHARD FEITLER 2 TRUSTEE 0 ANTHONY J FRISCIA 4 TRUSTEE AND COMMITTEE CHAIR 0 JEFFREY A GOLDSTEIN 4 TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINDA FAIRSTEIN	4									
TRUSTEE 0 ✓ 0 0 0 ANTHONY J FRISCIA 4 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 0 JEFFREY A GOLDSTEIN 4 0 <td>TRUSTEE AND COMMITTEE CHAIR</td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	TRUSTEE AND COMMITTEE CHAIR		~						0	0	0
ANTHONY J FRISCIA TRUSTEE AND COMMITTEE CHAIR TRUSTEE TRUS	RICHARD FEITLER	2									
TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 JEFFREY A GOLDSTEIN 4 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 LORNA BADE GOODMAN 4 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 HEATHER STURT HAAGA 2 0 0 0 0 TRUSTEE 0 V 0 0 0 MARYELLEN CATTANI HERRINGER 4 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0	TRUSTEE		~						0	0	0
JEFFREY A GOLDSTEIN	ANTHONY J FRISCIA	4									
TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 LORNA BADE GOODMAN 4 4 0 <	TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
LORNA BADE GOODMAN 4 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0 HEATHER STURT HAAGA 2 0 0 0 0 TRUSTEE 0 ✓ 0 0 0 MARYELLEN CATTANI HERRINGER 4 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 ✓ 0 0 0	JEFFREY A GOLDSTEIN	4									
TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 HEATHER STURT HAAGA 2 0 0 0 0 0 TRUSTEE 0 V 0 0 0 0 MARYELLEN CATTANI HERRINGER 4 0 0 0 0 0 0 TRUSTEE AND COMMITTEE CHAIR 0 V 0 0 0 0	TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
HEATHER STURT HAAGA 2 TRUSTEE 0 0 0 0 0 MARYELLEN CATTANI HERRINGER 4 TRUSTEE AND COMMITTEE CHAIR 0 0 0 0	LORNA BADE GOODMAN	4									
TRUSTEE 0 V 0 0 0 MARYELLEN CATTANI HERRINGER 4 4 0	TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
MARYELLEN CATTANI HERRINGER TRUSTEE AND COMMITTEE CHAIR 0 0 0 0	HEATHER STURT HAAGA	2									
TRUSTEE AND COMMITTEE CHAIR 0 V 0 0	TRUSTEE	0	~						0	0	0
TROSTEE FIND COMMITTEE CHAIR	MARYELLEN CATTANI HERRINGER	4									
	TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	

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

				(C)					
(A)	(B)		Position (do not check more than one					(D)	(E)	(F)
رحا Name and Title	Average	١,				e than o is both		Reportable	Reportable	Estimated
Hame and This	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	우声)	Q	<u>~</u>	9 ∓	F	from the	related organizations	other compensation
	related	dire	Sti-	Officer	y er	ghes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		tion	,	Key employee	st cc	1	(W-2/1099-MISC)		organization and related
	line)	trus	al tri		уее	mp				organizations
		tee	Institutional trustee		-	Highest compensated employee				-
			Φ			ited				
LITANC LITING	2									
HUANG HUNG	2 0	~						0	0	,
TRUSTEE STEPHANIE MAINACINTH								U	0	0
STEPHANIE M HYACINTH	2	_								
TRUSTEE LIENDY D. IOUNGON	0							0	0	0
HENRY P JOHNSON	6	,								
TRUSTEE AND COMMITTEE CHAIR	0							0	0	0
LISA KUDROW	4	_								
TRUSTEE AND COMMITTEE CHAIR	0							0	0	0
GERALDINE BOND LAYBOURNE	2 0	_								
TRUSTEE CUCAN ZADEK MANDEL								0	0	0
SUSAN ZADEK MANDEL	4	_							0	,
TRUSTEE AND COMMITTEE CHAIR	0							0	0	0
KENNETH W MILES	2	_						0	0	0
TRUSTEE CAROL S OSTROW	2							U	0	U
TRUSTEE	0	_						0	0	0
TAMAR SMITH PICHETTE								0	0	U
TRUSTEE	2	~						0	0	0
WILLIAM A PLAPINGER	10							0	0	0
TRUSTEE AND BOARD CHAIR	0	1						0	0	0
THE HONORABLE RICHARD W ROBERTS	2							0	0	0
TRUSTEE	0	1						0	0	0
EVE SLATER	2									•
TRUSTEE	0	~						0	0	0
KAREN STRAIN SMYTHE	2									•
TRUSTEE	0	~						0	0	0
MILBREY RENNIE TAYLOR	2									
TRUSTEE	0	~						0	0	0
INCOTEL										

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

				(C)					
(A)	(B)	(-1	Position (do not check more than one					(D)	(E)	(F)
Name and Title	Average	١,				e tnan (is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key	Hig	Former	the	organizations	compensation
	related organizations	vidu	I E	cer	em	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor t	Institutional trustee		Key employee	con		(VV-2/1099-10113C)		and related
	line)) ate	tru		ee	nper				organizations
		ď	stee			Highest compensated employee				
						<u> </u>				
DEBRA BETH FAGEL TREYZ	4									
TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
JILL TROY WERNER	4									
TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
CHRISTIANNA WOOD	4									
TRUSTEE AND COMMITTEE CHAIR	0	~						0	0	0
PAMELA MARS WRIGHT	2									
TRUSTEE	0	~						0	0	0
CATHARINE BOND HILL	40									
PRESIDENT AND TRUSTEE	0	~		~				1,649,281	0	242,815
CATHERINE BAER	40									
VP FOR ALUMNAE AFFAIRS AND DEV	0			~				323,882	0	58,755
MARIANNE BEGEMANN	40									
DEAN OF STR PLAN AND ACAD RES	0			~				193,876	0	35,450
MICHAEL CATO	40									
VP FOR COMP AND INFO SVCS	0			~				180,343	0	55,014
JONATHAN CHENETTE	40									
DEAN OF THE FACULTY	0			~				255,375	0	94,772
STEPHEN DAHNERT	40									
ASSOC VP FOR FIN SVCS AND TREASURER	0			~				176,212	0	98,831
SUSAN DEKREY	40									
VP FOR COMMUNICATIONS	0			~				193,836	0	58,859
CHRISTOPHER ROELLKE	40									
DEAN OF THE COLLEGE	0			~				182,950	0	152,842
CHRISTOPHER SMART	40									
SECRETARY OF THE BOARD	0			~				130,826	0	36,835
ROBERT WALTON	40									
VP FOR FIN AND ADMIN	0			~				284,625	0	74,427

(A) Name and title	(B) Average hours per	box, ı	unles	neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from		Esti	(F) mated ount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatior (W-2/1099-MI		composition from compos	ther ensation in the nization related izations
ANGELIQUE ZALAZNICK	40											
CONTROLLER	0			~				140,244		0		35,655
R NICHOLAS ADAMS	40											
PROFESSOR OF ART	0					~		185,883		0		55,466
THOMAS ALLEN	40											
EXEC DIR OF BUILDINGS AND GROUNDS	0					~		219,628		0		45,212
JAMES MERRELL	40					,						
PROFESSOR OF HISTORY	0					~		192,766		0		88,388
PAUL A RUUD	40									_		
PROFESSOR OF ECONOMICS	0					~		197,199		0		45,755
RICHARD WILSON	40					/		202 (25				40.450
PROFESSOR OF MUSIC	0					-		202,625		0		48,459
JOHN FEROE FORMER SECRETARY OF THE BOARD	40 0						1	147 474		0		53,519
FORWER SECRETARY OF THE BOARD	0						Ť	167,476		-		33,319
1b Sub-total								4,877,027		0		1,281,054
c Total from continuation sheets to	Part VII, Sectio	n A					▶					
d Total (add lines 1b and 1c)							▶	4,877,027		0		1,281,054
2 Total number of individuals (including						above	e) w	ho received mo	ore than \$10	0,00	0 of	
reportable compensation from the o							,			,		
												Yes No
3 Did the organization list any form							emp	oloyee, or high	est comper	ısate	d 🗌	
employee on line 1a? If "Yes," comp	olete Schedule J	for su	ıch	indi	ividu	ual					3	✓
4 For any individual listed on line 1a,	is the sum of re	portal	ole (con	npei	nsatio	n a	nd other comp	ensation fro	m th	е	
organization and related organiza	tions greater that	an \$1	50,	,000)? /:	f "Ye	s, "	complete Sch	edule J for	suc	h	
individual			•			•					4	✓
5 Did any person listed on line 1a rec									ation or indi	vidua	al	
for services rendered to the organiz	ation? It "Yes," c	ompl	ete	Scr	nedu	ıle J 1	or s	such person		<u>· ·</u>	5	
Section B. Independent Contractors												
1 Complete this table for your five hig												
compensation from the organization	n. Report compe	nsatio	n to	or th	ne c	alend	lar y	ear ending wit	h or within th	ne or	ganizatio	n's tax
year.												
(A) Name and busine	ace address							(B) Description of s	anvices		(C) Compens	ation
DANIEL O'CONNELL'S SONS, 480 HAMPDEN							t —	INSTRUCTION S	SERVICES			19,086,092
ARAMARK SERVICES INC, 80 GLASTONBURY BLVD, SUITE 3, MADISON, CT 06443							_	OD SERVICE				4,398,345
AETOS ALTERNATIVES MANAGEMENT LLC, 875 Third Avenue, New York, NY 10022										2,865,951		
ARRIS CONTRACTING COMPANY INC, 189 SMITH ST, POUGHKEEPSIE, NY 12601 STORM KING GROUP INC, 720 NEELYTOWN ROAD, MONTGOMERY, NY 12549							_	NTRACTING SE				2,260,832
2 Total number of independent con	<u> </u>						_	NSTRUCTION S				1,053,955
received more than \$100,000 of con							, (I)	80	2.0) WIIO			

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

(C)

Part VIII Statement of Revenue

ı aı	VIII	Check if Schedule C		a resi	oonse or note to	any line in this	Part VIII		
		Check ii Contadio C	Comanio	4 1 0 O J		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	3	1a	76,924				
3ra Ioui	b	Membership dues .		1b	0				
s, (Am	С	Fundraising events .		1c	0				
Gift Iar	d	Related organizations	3	1d	0				
Simi	е	Government grants (con		1e	2,241,770				
tior Sr S	f	All other contributions, g							
햙		and similar amounts not inc	Į.	1f	19,791,999				
d dr	g	Noncash contributions include			4,036,149				
	h	Total. Add lines 1a-1	f		▶	22,110,693			
Program Service Revenue	_				Business Code				
eve	2a	TUITION AND FEES			611310	129,186,700	129,186,700	0	0
ĕ	b	ROOM AND BOARD			611310	25,015,321	25,015,321	0	0
ξi	C	SUMMER PROGRAMS			611600	227,923	227,923	0	0
Se	d	OTHER PROGRAM RE	VENUE		611310	3,469,189	3,469,189	0	0
ran	e	Λ II - 41							
rog	T ~	All other program ser				0	0	0	0
	3	Total. Add lines 2a–2 Investment income	(including	 divida	nde interest	157,899,133		T	
	٦	and other similar amo				7.025.012	2.017	20.025	7.042.021
	4	Income from investmen	•			7,925,913	3,017	-20,035 0	7,942,931
	5			•	· · ·	0	0	0	0
	"	noyanies	(i) Real		(ii) Personal	U	U	U	0
	6a	Gross rents		8,126	0				
	b	Less: rental expenses		3,688	0				
	C	Rental income or (loss)		4,438	0				
	d	Net rental income or	(1)			4,438	0	0	4,438
	7a		(i) Securiti		(ii) Other	.,,	-	-	.,,
		assets other than inventory	373,26	9,485	826,296				
	b	Less: cost or other basis							
		and sales expenses .	339,02	5,014	3,985,309				
	С	Gain or (loss)	34,24	4,471	-3,159,013				
	d	Net gain or (loss) .			▶	31,085,458	0	0	31,085,458
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18							
됐	b	Less: direct expenses	S	. b					
_		Net income or (loss) f			events . ►				
	9a	Gross income from gasee Part IV, line 19 .							
	b	Less: direct expenses							
		Net income or (loss) f	•	-	vities ►				
	10a	Gross sales of in returns and allowance			2,092,667				
	b	Less: cost of goods s			1,660,426				
	С	Net income or (loss) f		of inve		432,241	432,241	0	0
		Miscellaneous F			Business Code				
	11a	AUXILIARY REVENUE			900099	3,586,998	3,586,998	0	0
	b								
	C	All other revenue					_	_	
	d	All other revenue .				0	0	0	0
	12	Total. Add lines 11a-			+	3,586,998	4/4 004 005	22.25	20.000.00
	12	Total revenue. See in	ISTRUCTIONS.	•		223,044,874	161,921,389	-20,035	39,032,827 Form 990 (2015)

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

	Check if Schedule O contains a respon-	se or note to any lin	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	76,924	76,924		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	61,180,179	61,180,179		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	758,863	758,863		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4,624,512	2,427,967	1,230,199	966,346
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	73,533,421	58,826,737	11,030,013	3,676,671
9	section 401(k) and 403(b) employer contributions) Other employee benefits	6,229,340	5,139,205	778,668	311,467
10	Payroll taxes	24,115,279 5,574,560	19,895,106 4,459,648	3,014,410 836,184	1,205,763 278,728
11	Fees for services (non-employees):	3,314,300	4,457,040	000,104	270,720
а	Management	0	0	0	0
b	Legal	348,666		348,666	
С	Accounting	311,895		311,895	
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 Investment management fees	F 400 4/0		F 400 440	
f g	Other. (If line 11g amount exceeds 10% of line 25, column	5,489,160		5,489,160	
9	(A) amount, list line 11g expenses on Schedule O.)	4,137,717	2,528,221	211,343	1,398,153
12	Advertising and promotion	795,451	572,724	39,773	182,954
13	Office expenses	8,204,778	4,922,867	3,035,768	246,143
14	Information technology	1,528,610	1,527,926	573	111
15	Royalties	37,835	30,718	7,117	0
16	Occupancy	7,291,375	4,520,652	2,697,809	72,914
17 18	Travel	3,050,445	1,891,276	335,549	823,620
10	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0 1,804,114	0 639,730	368,727	<u> </u>
20	Interest	9,617,709	7,706,138	1,720,414	191,157
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	20,310,222	16,276,357	3,630,479	403,386
23	Insurance	805,029	151,284	540,253	113,492
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.)				
•	FOOD SERVICES	4 200 245	0	A 200 24E	
a b	JYA PROGRAMS	4,398,345 3,142,320	3,142,320	4,398,345	0
C	LIBRARY MATERIALS	2,605,302	2,605,302	0	0
d	OTHER GENERAL INSTITUTION	283,821	127,665	151,556	4,600
е	All other expenses	3,100	0	3,100	0
25	Total functional expenses. Add lines 1 through 24e	250,258,972	199,407,809	40,180,001	10,671,162
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				- 000
					Form 990 (2015)

Part X Balance Sheet

	art X	Check if Schedule O contains a response or	note	to any line in this Dar	+ Y		
		Chook ii Gonedule O Contains a response of	HOLE	to any mie in uno rai	(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing			6,170,393	1	6,418,284
	2	Savings and temporary cash investments			53,676,593	2	183,882,841
	3	Pledges and grants receivable, net			24,699,345	3	16,395,498
	4	Accounts receivable, net			545,823	4	631,708
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L		sated employees.		5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar	defined under section ributing employers and				
		sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche					
Assets	_			-		6	
SS	7	Notes and loans receivable, net		<u> </u>	3,322,178	7	3,232,126
٩	8	Inventories for sale or use			823,730	8	919,997
	9				5,193,974	9	4,102,493
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40-	200 7/5 /7/			
	L	•	10a 10b	822,765,676	470.007.757	100	405 705 555
	b	Less: accumulated depreciation	$\overline{}$	336,970,121	472,326,656		485,795,555
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line			475,008,252	11 12	306,003,316
	13	Investments—other securities, See Part IV, line Investments—program-related. See Part IV, line			520,876,080	13	473,041,111
	14	Intangible assets		<u> </u>		14	
	15	Other assets. See Part IV, line 11			0.212.407	15	0.402.450
	16	Total assets. Add lines 1 through 15 (must equa			9,312,487	16	8,483,450
-	17	Accounts payable and accrued expenses			1,571,955,511	17	1,488,906,379
	18	Grants payable		<u> </u>	26,935,355	18	23,024,082
	19	Deferred revenue		<u> </u>	3,958,875	19	2 200 520
	20	Tax-exempt bond liabilities				20	3,309,530 248,478,684
	21	Escrow or custodial account liability. Complete			250,471,565	21	240,470,004
'n	22	Loans and other payables to current and for				21	
Liabilities	22	trustees, key employees, highest compen	sated	employees, and			
iak		disqualified persons. Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela		· –		23 24	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	s 17-24	4). Complete Part X	66,208,340	0E	71,656,883
	26	Total liabilities. Add lines 17 through 25			247 574 425	25 26	24/ 4/0 170
6	20	Organizations that follow SFAS 117 (ASC 958), ched	ck here ▶ ☑ and	347,574,135	20	346,469,179
nce	07	complete lines 27 through 29, and lines 33 and		ļ	044.555	07	04/
<u>a</u>	27 28	Unrestricted net assets			346,097,198		316,456,908
B	28 29	Permanently restricted net assets			535,606,447	28 29	477,898,033
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 99 complete lines 30 through 34.			342,677,731	29	348,082,259
ts c	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or ed		-		31	
As	32	Retained earnings, endowment, accumulated in		-		32	
ét	33	Total net assets or fund balances			1,224,381,376	33	1,142,437,200
_	34	Total liabilities and net assets/fund balances .			1,571,955,511	34	1,488,906,379

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		223,04	4,874
2	Total expenses (must equal Part IX, column (A), line 25)	2		250,25	8,972
3	Revenue less expenses. Subtract line 2 from line 1	3		-27,21	4,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	224,38	1,376
5	Net unrealized gains (losses) on investments	5		-55,03	6,299
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		30	6,221
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	142,43	7,200
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain i	n		
2a			. 2a		~
Za	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:	mou c	, I		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on			
	separate basis, consolidated basis, or both:	u 0	-		
	✓ Separate basis ☐ 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 ov	ersiał	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent account			V	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain i	n =		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth i	n		
	the Single Audit Act and OMB Circular A-133?		. За	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.	3b	1	
			For	m 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	n number
	ar College						38587
Par					.		ons.
The c	organization is not a private foundate \square A church, convention of church		,		-	•	
2	A school described in section		•				
3	A hospital or a cooperative ho	•	=				/m =
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)						
8	☐ A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I . A supporting organization(sorganization. You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	ne supporting org	ganization vested in th				
С	Type III functionally integrality is supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integree requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty						I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following informatio	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 **(e)** 2015 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 38,339,251 73,889,315 31,344,793 34,360,332 22,110,693 200.044.384 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 4 38,339,251 73,889,315 31,344,793 34,360,332 22,110,693 200.044.384 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. 200,044,384 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 73,889,315 31,344,793 38,339,251 34,360,332 22,110,693 200,044,384 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 12,831,579 11,391,962 14,230,630 11,493,826 8,354,039 58,302,036 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 208,543 0 0 0 208,543 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,084,493 4,608,748 4,332,841 5,133,331 4,019,239 23,178,652 **Total support.** Add lines 7 through 10 11 281,733,615 Gross receipts from related activities, etc. (see instructions) 12 719.820.090 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % 71 Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	mpiete Part	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
^	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
_	·						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_							
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u></u>				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(-,-		(1)	(2)	(2)	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	J					. , , ,
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				_
15	Public support percentage for 2015 (line 8	3, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2014 Sch					16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2015 (line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2014	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2015. If the organ						%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organiz	_	-	-		_	_
~	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di		-	-			_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

,,,,	on 7 in Cupporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
		5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	0		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
	determine whether the exemplation had exemple in the bed exemple.	406		

Part	V Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a		<u> </u>		
	A family member of a person described in (a) above?	11b		<u> </u>		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
Section	on B. Type I Supporting Organizations					
_			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2	Did the organization operate for the benefit of any supported organization other than the supported	1				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.					
Section	on C. Type II Supporting Organizations	2				
	<i>y</i> 11 0 0		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Section	on D. All Type III Supporting Organizations					
			Yes	No		
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
_						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2				
3	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Section	on E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e).		
		iisti u	CHOIR	3).		
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
b c	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see the organization is the parent of each of its supported organizations.</i>	oo ins	tructi	one)		
U		1118				
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.					
L	·	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

instructions).

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	nizations					
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.						
		h tha avancination is was					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	porisive				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	and a different different specific and a specific a	<i>(</i> 2)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
	Excess distributions carryover, if any, to 2015:						
a							
<u>b</u>							
d	From 2013						
e	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3						
•	and 4c.						
8	Breakdown of line 7:						
a							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Part VI

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A,	, Part II, Line 10 - OTHER INCOME INCLUDES REVENUE FROM THE SALE OF INVENTORY AND OTHER MISCELLANEOUS
REVENUE.	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

ian) (s	ee separate ilistructions), ti	ICII			
	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
Vassa	r College				14-1338587
Part		e organization is exempt unde			organization.
1	•	the organization's direct and indire		•	
2	Political expenditures .)
3	Volunteer hours				
				1/21	
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			}
2		excise tax incurred by organization			}
3		ed a section 4955 tax, did it file For			
4a					Yes No
b	If "Yes," describe in Part		504/	\	()(0)
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz		·	
_				· · · · · · · · · · · · · · · · · · ·	
2		filing organization's funds contrib			
_		vities			
3		expenditures. Add lines 1 and 2.			
				· ·	
4		n file Form 1120-POL for this year?			-
5		ses and employer identification nur			
		ents. For each organization listed, entributions received that were pror			
		fund or a political action committe			
	as a sopulate segregated		,c (i 710). ii additio	That space is fiecaea, prov	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)		 			
(5)		 			
(6)					

Pac	ıe	2

Pa	rt II-A Complete if the organization section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under		
A	Check ► ☐ if the filing organization be name, address, EIN, exper					oup member's		
R	Check ► ☐ if the filing organization che		•					
_	Limits on Lobb			roi provisions c	(a) Filing	(b) Affiliated		
	(The term "expenditures" me)	organization's totals	group totals		
1	Total lobbying expenditures to influence		-					
	b Total lobbying expenditures to influence							
	c Total lobbying expenditures (add lines 1	-						
	d Other exempt purpose expenditures .	,						
	e Total exempt purpose expenditures (add							
	f Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:				
	Not over \$500,000	20% of the an	nount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.				
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 25	•						
	h Subtract line 1g from line 1a. If zero or le							
	i Subtract line 1f from line 1c. If zero or le	•						
	j If there is an amount other than zero reporting section 4911 tax for this year?			-				
	-					☐ Yes ☐ No		
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						ns below.		
	Lobbying	Expenditures	During 4-Year Av	eraging Period	I I			
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2	a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2015

Part	(election under section 501(h)).	niea	Form	1 5/68	,	
		(6	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	A	lmoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		>			
С	Media advertisements?		>			
d	Mailings to members, legislators, or the public?		~	<u> </u>		
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		V			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	V				0
;	Total. Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				, line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b	<u> </u>		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
E	and political expenditure next year?	•	4			
5 Part	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lis	t)· Pa	rt II-A	lines :	1 and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					i and
	Jule C, Part II-B, Line 1 - THE COLLEGE PAYS MEMBERSHIP DUES TO SEVERAL ORGANIZATIONS WHICH	H MAY	/ ENG	AGE IN	1	
LOBB	YING ACTIVITIES ON BEHALF OF THEIR MEMBERS.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

	r College			14-1338587
Par	•		ds or Ac	counts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(k) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the bene-			
	conferring impermissible private benefit?			· · · 🗌 Yes 🗌 No
Par				
	Complete if the organization answered '			
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	•		
	☐ Protection of natural habitat	☐ Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the fo	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а			—	
b	Total acreage restricted by conservation easement			· · · · · · · · · · · · · · · · · · ·
С	Number of conservation easements on a certified h	()	-	0
d	Number of conservation easements included in			
_	3			
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by	y the organization during the
	tax year ▶			
4	Number of states where property subject to conse		<u>1</u>	
5	Does the organization have a written policy required the consequent of the consequen			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing of	conservation	on easements during the year
_	12			
7	Amount of expenses incurred in monitoring, inspectin \$\bigsec\$ \$ 0	ig, handling of violations, and enforcing of	conservati	on easements during the year
	` <u>`</u>			70/h)/4)/D)/i)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
_	In Part XIII, describe how the organization reports of			
9	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme		anciai sta	terrierits triat describes trie
Dari	III Organizations Maintaining Collection		Other S	imilar Assats
ı aı	Complete if the organization answered		Ouici O	iiilidi A330t3.
1a	If the organization elected, as permitted under SF.	<u> </u>	revenue	statement and halance sheet
ıu	works of art, historical treasures, or other similar	* * * * * * * * * * * * * * * * * * * *		
	public service, provide, in Part XIII, the text of the f	•		
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relati			c
	(i) Revenue included on Form 990, Part VIII, line 1	=		▶ ♦ 057.250
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			
_	following amounts required to be reported under S			or manda gain, provide the
3	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · · ·		b \$ 0
a h	Assets included in Form 990, Part X			ν Ψ 0

Schedul	e D (Form 990) 2015									Page 2
Part		llections of A	Art. His	torical T	reasures	. or Ot	her Similar As	sets (contir	
3	Using the organization's acquisition, acc collection items (check all that apply):									
а	Public exhibition		d	✓ Loan	or exchang	ne prog	rams			
b	Scholarly research				INSTRUC		rarrio			
C	Preservation for future generations		·		INSTRUC	711014				
4	Provide a description of the organization	's collections a	nd expla	ain how th	nev further	the ord	nanization's exer	nnt nur	nose	in Par
•	XIII.	o conconono a	ind oxpic	ani now u	loy lartilor	110 019	janization o oxor	iipt pui	pooo	a.
5	During the year, did the organization sol	icit or receive (donation	s of art	historical t	reasure	s or other simil:	ar		
	assets to be sold to raise funds rather that								V	□No
Part									103	
ı aı e	Complete if the organization an		on For	m 990 F	Part IV line	- 9 or	reported an an	nount d	n Fo	rm
	990, Part X, line 21.	Swered 165	0111 01	111 000, 1	artiv, iii	0,01	roportod arran	iount ()	,,,,,,
1a	Is the organization an agent, trustee, cu	stodian or othe	er interm	nediary fo	or contribut	tions or	other assets no	nt .		
	included on Form 990, Part X?								Yes	□No
b	If "Yes," explain the arrangement in Part							ш	103	
b	ii res, explain the arrangement iirr art z	dii and comple	ite the lo	nowing to	abie.		A	mount		
_	Reginning balance					10		mount		
G C	Beginning balance					10				
d	<u> </u>					_				
e	Distributions during the year					1e				
f Oo	Did the organization include an amount o							<u> </u>	V	
2a	<u> </u>						•			∐ No
Par	If "Yes," explain the arrangement in Part 3 Endowment Funds.	tiii. Check here	e ii trie ex	кріапацої	i nas been	provide	ed on Part XIII .			
гаг	Complete if the organization an	swored "Ves"	on For	m 000 E	Part IV/ lin	- 10				
	·	a) Current year		or year	(c) Two yea		(d) Three years back	((a) Fo	ur voar	s back
10	 '	· · ·		•	.,					
1a	Beginning of year balance	982,974,375		4,179,926		744,442	804,912,00			30,058
b	Net investment earnings, gains, and	14,043,302		3,752,988	33,0	37,551	14,896,33	9	17,7	44,816
C	losses	17 000 070	24	000 001	100	707 022	02 117 70		15 /	11 000
٦	Grants or scholarships	-17,092,070		2,039,331		797,933	93,117,79			11,923
d e	Other expenditures for facilities and	13,494,424	- 1.	3,110,055	12,0	014,840	11,535,27	/	10,9	41,139
-	programs	27 (44 (22	0.	0.07.045	20.4	205 470	20 (4(40		24.	20 (50
	· •	37,614,603		3,887,815	39,	985,160	32,646,42		31,6	33,652
-	Administrative expenses	0	001	0	074	<u>0</u> 179,926		0	0040	10.004
9	End of year balance	928,816,580						2	804,9	12,006
2	Provide the estimated percentage of the	-		e (iirie 1g	, column (a	i)) neid	as.			
a	Board designated or quasi-endowment ► Permanent endowment ► 35.42 °		_ 70							
b										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c s	49.26 %	00%							
3a	Are there endowment funds not in the po			zation the	at are held	and ad	ministered for th	10		
oa	organization by:	7336331011 01 111	e organi	zation the	at are rielu	and ad	ministered for th	10	Yes	s No
								201		SINO
	(i) unrelated organizations (ii) related organizations							3a(
L	If "Yes" on line 3a(ii), are the related organ							3a(i		·
b 1	Describe in Part XIII the intended uses of							3b		
4 Par			ii s endc	WITHER IL	ii ius.					
Part	Land, Buildings, and Equipme Complete if the organization an		on For	m 000 F	Oart IV/ lim	a 11a	Soo Form 000	Dart V	lina	10
	· · · · · · · · · · · · · · · · · · ·								ook val	
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(u) D	our val	u C
12	Land	+	539,843		1,586,030				2 1	25,873
ıa	Lana		337,043		1,500,030				۷,۱	20,013

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land	539,843	1,586,030		2,125,873				
b	Buildings	4,158,381	550,305,505	183,010,275	371,453,611				
С	Leasehold improvements	0	4,216,476	2,285,447	1,931,029				
d	Equipment	0	93,022,381	82,482,960	10,539,421				
е	Other	0	168,937,060	69,191,439	99,745,621				
Total.	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 485,795,								

Schedule D (F	Form 990) 2015				Page \$
Part VII	Investments – Other Securities. Complete if the organization answ		ı 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	, ,	hod of valuation: -of-year market value
(1) Financi	al derivatives				
(2) Closely	-held equity interests	[
(3) Other <u>I</u>	HEDGE FUNDS		280,328,355	End-of-Year Marke	et Value
	ITUTIONAL MUTUAL FUNDS		14,998,932	End-of-Year Marke	et Value
	ANCED ACCOUNTS		170,463	End-of-Year Marke	et Value
	L ESTATE, OIL AND GAS PARTNERSHIPS		78,513,712	End-of-Year Marke	et Value
	TURE CAPITAL			End-of-Year Marke	
	KETABLE REAL ESTATE		3,348,817	End-of-Year Marke	et Value
(F)					
(G)					
(H)	a/h) must a must Farm 000 Part V and /D) line 10.)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related	<u> </u>	473,041,111		
Part VIII	Complete if the organization answ		000 Part IV lin	e 11c. See Form	000 Part V line 13
	(a) Description of investment	vered res on Form	(b) Book value		thod of valuation:
	(a) Description of investment		(b) Book value	(-)	of-year market value
(4)					
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	•			
	Complete if the organization ansv	vered "Yes" on Form Description	990, Part IV, lin	e 11d. See Form	990, Part X, line 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (0)	(-) (-) (-) (-)	1 (D) 1: 4 E)			
	umn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.	wared "Vee" on Ferm	OOO Dort IV lin	0 110 or 11f Co	S Form OOO Dort V
	Complete if the organization ansv line 25.		1 990, Part IV, IIII	e i le or i ii. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
	income taxes		0		
	NDABLE GOVERNMENT LOAN FUNDS	2,367,			
	ENT VALUE OF BENEFICIARY PAYMENTS	12,595,			
	SITS HELD FOR OTHERS	1,846,			
	UED PENSION OBLIGATION	17,523,			
	RETIREMENT OBLIGATION	10,794,			
(8) ACCR	UED POST RETIREMENT BENEFIT OBLIG	26,529,	09/		
(9)					

71,656,883

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2015

Part				Returi	า.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	96,325,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-55,036,299		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	-4,445,813		
е	Add lines 2a through 2d			2e	-59,482,112
3	Subtract line 2e from line 1			3	155,807,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,297,964		
b	Other (Describe in Part XIII.)	4b	61,939,042		
	Add lines 4a and 4b			4c	67,237,006
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	223,044,874
Part				r Kett	ırn.
	Complete if the organization answered "Yes" on Form 990, F	ant i	v, line 12a.	4	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	178,269,933
2		2a			
a			0		
b	Prior year adjustments	2b 2c	0		
c d	Other losses	2d	1,40,424		
	Add lines 2a through 2d		1,660,426	2e	1 440 424
3	Subtract line 2e from line 1			3	1,660,426
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 I		3	176,609,507
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,297,964		
b	Other (Describe in Part XIII.)	4b	68,351,501		
	Add lines 4a and 4b		-	4c	73,649,465
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	250,258,972
Part		,			230,230,712
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4; P	art IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Sched	ule D, Part II, Line 9 - THE COLLEGE'S CONSERVATION EASEMENT HAS NO A	ATTRI	BUTED VALUE AND IS	NOT RI	ECORDED IN
	NANCIAL STATEMENTS.				
Sched	ule D, Part III, Line 4 - THE COLLEGE'S FRANCES LEHMAN LOEB ART CENTE	R MA	INTAINS COLLECTIONS	OF P/	AINTINGS,
	PTURES, PRINTS, PHOTOGRAPHS AND CERAMICS FOR USE BY FACULTY AN				
	CULUM IN A VARIETY OF INSTRUCTIONAL DISCIPLINES.				
Sched	ule D, Part V, Line 4 - THE COLLEGE'S ENDOWMENT FUNDS ARE MAINTAINE	D AC	CORDING TO DONOR R	ESTRI	CTIONS AND
EARN	NGS ARE USED TO SUPPORT SCHOLARSHIPS AND A VARIETY OF PROGRA	MS IN	CLUDING INSTRUCTIO	N, RES	EARCH,
AND A	CADEMIC SUPPORT.				
Sched	ule D, Part X, Line 2 - THE COLLEGE GENERALLY DOES NOT PROVIDE FOR II	NCON	ME TAXES SINCE IT IS A	TAX E	XEMPT
ORGA	NIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AC	COU	NTING STANDARDS CO	DIFICA	ATION (ASC)
740, IN	ICOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND REQI	UIRES	S ACCRUAL OF AN UNC	CERTAI	N TAX
POSIT	ION ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTA	INED	IN THE EVENT OF EXA	MINAT	ON BY TAX
AUTH	DRITIES. IN EVALUATING WHETHER A TAX POSITION HAS MET THE RECOGN	IOITII	N THRESHOLD, THE CO	LLEGE	MUST
PRESI	JME THAT THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING	G AUT	HORITY THAT HAS FU	LL KNO	WLEDGE
OF AL	L RELEVANT INFORMATION. ASC 740 PROVIDES GUIDANCE ON THE RECOG	NITIO	N, MEASUREMENT, AN	ID	
CLASS	SIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED I	NTER	EST OR PENALTIES. TA	AX POS	ITIONS
DEEM	ED TO MEET THE "MORE LIKELY THAN NOT" THRESHOLD ARE RECORDED A	AS A	TAX EXPENSE IN THE (CURRE	NT YEAR.
THE C	OLLEGE HAS ANALYZED ALL OPEN TAX YEARS AND BELIEVES IT HAS NO S	SIGNII	FICANT UNCERTAIN TA	X POS	ITIONS.
	ule D, Part XI, Line 2d - ADJUSTMENT FOR MINIMUM PENSION LIABILITY (5,60				
POST	RETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC COSTS (422,6	72); (GRANTS AND OTHER A	SSIST	ANCE TO
LIC OF	GANIZATIONS (76,924); TOTAL (4,445,813)				

Part XIII - Supplemental Information (Continued)

Schedule D, Part XI, Line 4b - SCHOLARSHIPS 61,939,042
Schedule D, Part XII, Line 2d - COST OF GOODS SOLD - COMPUTER STORE AND COLLEGE STORE 1,660,426
Schedule D, Part XII, Line 4b - ADJUSTMENT FOR MINIMUM PENSION LIABILITY 5,606,643; SCHOLARSHIPS 61,939,042;
ADJUSTMENT FOR MINIMUM PENSION LIABILITY 805,817; TOTAL 68,351,502

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Vassar College

14-1338587

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	٧	
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	~	
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	~	
	VASSAR COLLEGE PUBLICIZES ITS NON-DISCRIMINATORY POLICY VIA BROCHURES MAILED TO ALL			
	POTENTIAL STUDENTS AS WELL AS ON THE COLLEGE'S WEBSITE.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	~	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	~	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c 4d	<i>V</i>	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	40	•	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		~
L.	Advaissions maliciss	- F-		~
b	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		~
·	Employment of tabulty of administrative staff			
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5e		~
Ť	Use of facilities?	5f		
q	Athletic programs?	5g		_
9	Aunetic programs:	Jg		
h	Other extracurricular activities?	5h		~
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
60	Does the organization receive any financial aid or assistance from a governmental agency?	60	~	
6a b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b		
IJ	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	00		-
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	~	

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 I	E, Part I, Line 6 - VASSAR COLLEGE PARTICIPATES IN THE U.S. DEPARTMENT OF EDUCATION TITLE IV AID PROGRAMS
	ULARLY RECEIVES AWARDS FOR RESEARCH FROM SEVERAL FEDERAL AGENCIES, THE COLLEGE ALSO RECEIVES
	EDOW NEW ADDA STATE'S BINDA DDOCDAM
	FROM NEW TORK STATE 3 BUNDT FROGRAM.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Vass	ar College					14-1338587	
Par	General Information Form 990, Part IV, line		ies Outside i	the United States. Com	olete if the organizat	ion answered "Yes" on	
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?						ю
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of it	ts grants and other	
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed	.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program servic describe specific ty service(s) in regio	e, expenditures for pe of and investments	
(1)	Europe (including Iceland and C	6	6	Program Services	ACADEMIC INSTRU	CTION 1,690,50	03
(2)	Europe (including Iceland and C	0	0	Grantmaking	SCHOLARSHIPS	685,4	39
(3)	Russia and the newly independ	1	1	Program Services	ACADEMIC INSTRU	CTION 189,21	<u>75</u>
(4)	Russia and the newly independ	0	0	Grantmaking	SCHOLARSHIPS	73,42	24
(5)	Central America and the Caribb	0	0	Investments	INVESTMENTS	280,325,4	58
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
За	Sub-total						
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)	7	7			282,964,09	99

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (f) Manner of (g) Amount of (d) Purpose of (b) IRS code (e) Amount of (c) Region (h) Description valuation (book, FMV, appraisal, other) organization cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance (if applicable) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(13)(14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2015

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	Europe (including Iceland	33	685,439	check			
(2) SCHOLARSHIPS	Russia and the newly inde	5	73,424	check			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	✓ Yes	☐ No

Schedule F (Form 990) 2015 Page **5**

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).

Schedule F, Part I, Line 2 - STUDENTS WHO ARE AWARDED SCHOLARSHIPS HAVE FUNDS CREDITED TO THEIR ACCOUNT AND JSE IS RESTRICTED TO PURPOSES RELATED TO ENROLLMENT IN A PROGRAM OF STUDY.								
Schedule F, Part I, Line 3 - EXPENSES ARE ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING AND INVESTMENTS ARE ACCOUNTED FOR USING THE FAIR MARKET VALUE.								

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Vassar College							14-1338587
Part I General Information of	on Grants and	d Assistance					
Does the organization maintain							
the selection criteria used to a	•						· · 🗹 Yes 🗌 No
2 Describe in Part IV the organiz							
Grants and Other Ass 990, Part IV, line 21, fo							vered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section § 3 Enter total number of other ord							

Schedule I (Form 990) (2015) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance non-cash assistance recipients cash grant FMV, appraisal, other) 1 See Schedule I. Part IV. Statement 2 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I, Part I, Line 2 - VASSAR COLLEGE RAISES FUNDS FOR, AND MAKES CONTRIBUTIONS TO, A WIDE VARIETY OF 501(C)(3) ORGANIZATIONS IN THE GREATER POUGHKEEPSIE AREA, THESE ORGANIZATIONS ARE SELECTED ANNUALLY BY A COMMITTEE OF EMPLOYEES AND STUDENTS AFTER REVIEW OF THEIR ACTIVITIES AND MISSION. EMPLOYEES AND STUDENTS ALSO VOLUNTEER TIME AT EACH ORGANIZATION. FUNDS ARE COLLECTED ANNUALLY FROM THE GIFTS OF EMPLOYEES, STUDENTS, TRUSTEES, AND FRIENDS OF VASSAR AS PART OF THE "COMMUNITY WORKS" CAMPAIGN, VASSAR ALSO MAKES SMALL CONTRIBUTIONS TO OTHER LOCAL NON-PROFIT AND GOVERNMENTAL ENTITIES WHO ARE NOT PART OF THE CAMPAIGN. Schedule I, Part III - STUDENTS WHO ARE AWARDED SCHOLARSHIPS HAVE FUNDS CREDITED TO THEIR ACCOUNT AND THE USE IS RESTRICTED TO PURPOSES RELATED TO ENROLLMENT IN A PROGRAM OF STUDY, RECIPIENTS OF FELLOWSHIPS ARE REQUIRED TO SUBMIT PERIODIC WRITTEN REPORTS OF THEIR ACTIVITIES TO THE COLLEGE.

Vassar College

Part II, Line 1

Form: **Schedule I (2015)** EIN: **14-1338587**

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

Recipient EIN Amt. of cash Amt. of nongrant cash asst. Name and address **FAMILY SERVICES INC** 14-1338399 13,079 **50 N HAMILTON STREET** POUGHKEEPSIE, NY 12601 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant **BASIC NEEDS ASSISTANCE** Name and address **DUTCHESS OUTREACH INC** 22-2339537 6,529 29 N HAMILTON STREET NO 1 POUGHKEEPSIE, NY 12601 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. BASIC NEEDS ASSISTANCE Purpose of grant **GLSEN HUDSON VALLEY** Name and address 13-3942454 6,539 **PO BOX 604** YORKTOWN HEIGHTS, NY 10598 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant SCHOOL COMMUNITY DEVELOPMENT Name and address HUDSON RIVER HOUSING INC 22-2456648 6,539 313 MILL STREET POUGHKEEPSIE, NY 12601 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant HOMELESS SHELTER EMERGENCY HOUSING Name and address **REAL SKILLS NETWORK** 26-1086662 9,840 126 S CHERRY STREET POUGHKEEPSIE, NY 12601 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant LIFE SKILLS FOR YOUTH

Form: **Schedule I (2015)** EIN: **14-1338587**

Page: 2 Part III

Description of Grants and Other Assistance to Individuals in the United States									
		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.					
Type of grant	FELLOWSHIPS WITH REQUIRED PERIODIC WRITTEN REPORTS OF ACTIVITIES TO THE COLLEGE	96	731,424						
Method of valuation Desc. of Non-Cash Asst.									
Type of grant	SCHOLARSHIPS RESTRICTED TO PURPOSES RELATED TO ENROLLMENT IN A PROGRAM OF STUDY	1489	60,448,755						
Method of valuation Desc. of Non-Cash Asst.									

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number Vassar College 14-1338587

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to provide				
	☐ First-class or charter travel ✓ Ho	pusing allowance or residence for personal use			
		syments for business use of personal residence			
		ealth or social club dues or initiation fees			
		ersonal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the orgor reimbursement or provision of all of the expenses				
	explain		1b	~	
2	Did the organization require substantiation prior to r directors, trustees, and officers, including the CEO/Exec 1a?	cutive Director, regarding the items checked in line	2	,	
3	Indicate which, if any, of the following the filing organizati organization's CEO/Executive Director. Check all that apprelated organization to establish compensation of the CEO	bly. Do not check any boxes for methods used by a			
	✓ Compensation committee	ritten employment contract			
	✓ Independent compensation consultant ✓ Co	ompensation survey or study			
	✓ Form 990 of other organizations ✓ Ap	proval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part organization or a related organization:	VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control paym	nent?	4a	~	
b	Participate in, or receive payment from, a supplemental n	-	4b	~	
С	Participate in, or receive payment from, an equity-based		4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organize	rations must complete lines 5–9			
5	For persons listed on Form 990, Part VII, Section A, line 1				
	compensation contingent on the revenues of:	a, a a a garanta a paga a a a a a a a a a a a a a a a a			
а	The organization?		5a		~
b	Any related organization?	 	5b		~
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of:	a, did the organization pay or accrue any			
а	The organization?		6a		~
b	Any related organization?	-	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.				
_					
7	For persons listed on Form 990, Part VII, Section A, li		_		ار. ا
_	payments not described on lines 5 and 6? If "Yes," descr	<u> </u>	7		~
8	Were any amounts reported on Form 990, Part VII, paid o				
	to the initial contract exception described in Regula				_
	in Part III		8		
O	If "Voe" to line 9 did the argenization also follow th	a robuttable programation procedure described in			
9	If "Yes" to line 8, did the organization also follow th Regulations section 53,4958-6(c)?	e reputtable presumption procedure described in	۵		

Schedule J (Form 990) 2015

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

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

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

		(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
CATHARINE BOND HILL,	(i)	438,837	0	1,210,444	149,800	125,165	1,924,246	1,200,000
PRESIDENT AND TRUSTEE	(ii)	0	0	0	0	0	0	0
CATHERINE BAER, VP FOR	(i)	289,790	0	34,093	30,980	27,775	382,638	27,683
ALUMNAE AFFAIRS AND DEV	(ii)	0	0	0	0	0	0	0
MARIANNE BEGEMANN, DEAN	(i)	192,223	0	1,653	23,220	12,230	229,326	0
OF STR PLAN AND ACAD RES	(ii)	0	0	0	0	0	0	0
MICHAEL CATO, VP FOR COMP	(i)	180,181	0	163	22,455	32,559	235,358	0
AND INFO SVCS	(ii)	0	0	0	0	0	0	0
JONATHAN CHENETTE, DEAN	(i)	254,187	0	1,188	31,488	63,284	350,147	0
OF THE FACULTY	(ii)	0	0	0	0	0	0	0
STEPHEN DAHNERT, ASSOC VP FOR FIN SVCS AND	(i)	175,510	0	701	22,282	76,549	275,042	0
6 TDEASHDED	(ii)	0	0	0	0	0	0	0
SUSAN DEKREY. VP FOR	(i)	191,559	0	2,277	24,240	34,619	252,695	0
7 COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
CHRISTOPHER ROELLKE,	(i)	182,537	0	412	24,240	128,602	335,791	0
DEAN OF THE COLLEGE	(ii)	0	0	0	0	0	0	0
CHRISTOPHER SMART,	(i)	130,495	0	331	16,009	20,827	167,662	0
9 SECRETARY OF THE BOARD	(ii)	0	0	0	0	0	0	0
ROBERT WALTON, VP FOR FIN	(i)	283,437	0	1,188	31,800	42,627	359,052	0
10 AND ADMIN	(ii)	0	0	0	0	0	0	0
ANGELIQUE ZALAZNICK, CONTROLLER	(i)	140,145	0	99	15,631	20,024	175,899	0
11	(ii)	0	0	0	0	0	0	0
R NICHOLAS ADAMS, PROFESSOR OF ART	(i)	183,726	0	2,156	22,975	32,491	241,348	0
12 TROI E330K OF ART	(ii)	0	0	0	0	0	0	0
THOMAS ALLEN, EXEC DIR OF BUILDINGS AND GROUNDS	(i)	115,763	0	103,865	16,273	28,938	264,839	0
13	(ii)	0	0	0	0	0	0	0
JAMES MERRELL, PROFESSOR OF HISTORY 14	(i)	191,583	0	1,183	24,210	64,177	281,153	0
14	(ii)	0	0	0	0	0	0	0
PAUL A RUUD, PROFESSOR OF ECONOMICS	(i)	193,518	0	3,681	23,601	22,155	242,955	0
DICHARD WILCON	(ii)	0	0	0	0	0	0	0
RICHARD WILSON, PROFESSOR OF MUSIC	(i)	198,799	0	3,827	24,467	23,992	251,085	0
16	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015
Page 3

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. Part I. Line 1a - ON CAMPUS HOUSING IS PROVIDED FOR THE PRESIDENT, DEAN OF FACULTY, AND THE DEAN OF THE COLLEGE AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE COLLEGE. IN ADDITION, HOUSEKEEPING SERVICE IS ALSO PROVIDED FOR THE PRESIDENT. THE ESTIMATED VALUE OF THIS HOUSING AND HOUSEKEEPING SERVICE IS INCLUDED IN PART II. COLUMN D. ANNUAL DUES FOR CLUBS ARE PAID BY THE COLLEGE AND PROVIDED TO THE PRESIDENT FOR THE BENEFIT OF THE COLLEGE, DUES PAID ACCORDING TO CONTRACT ARE TREATED AS IMPUTED INCOME AND ARE INCLUDED IN PART II. COLUMN B Schedule J. Part I. Line 4 - 4A: THOMAS ALLEN RECEIVED A SEVERANCE PAYMENT WHICH IS INCLUDED IN COLUMN BIII OF PART II. Part 1: 4B: THE COLLEGE MAINTAINS A CLOSED, SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FOR CERTAIN OFFICERS AND FORMER OFFICERS. THE PLAN HAS BEEN CLOSED SINCE 2004. WITHDRAWALS FROM THE PLAN ARE REPORTED AS TAXABLE INCOME TO THE PARTICIPANT IN PART II. COLUMN BIII AND AS DEFERRED COMPENSATION REPORTED IN A PRIOR FORM 990 IN PART II. COLUMN F Schedule J. Part II - LINE 1(i) - THE COLLEGE MAINTAINED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE IN WHICH THE NOW FORMER PRESIDENT WAS THE SOLE PARTICIPANT. THAT PLAN WAS CREATED AT THE TIME OF THE FORMER PRESIDENT'S HIRING IN 2006 BECAUSE SHE WAS NOT OFFERED TENURE WHEN HIRED BY THE COLLEGE, AND HAD TO GIVE UP HER TENURED POSITION AT HER PREVIOUS INSTITUTION, WHICH COULD HAVE HAD A SIGNIFICANT ADVERSE FINANCIAL IMPACT ON THE PRESIDENT'S LONGER-TERM FINANCIAL WELL-BEING. THESE ARRANGEMENTS WERE APPROVED BY THE BOARD OF TRUSTEES, BASED ON AN EXPERT OPINION FROM A MAJOR ACCOUNTING FIRM AND A HIGHLY REGARDED COMPENSATION EXPERT, BOTH OF WHICH AGREED THAT THE PRESIDENT'S COMPENSATION WAS WITHIN THE ACCEPTABLE RANGE COMPARED TO PEER INSTITUTIONS. WHILE THE AMOUNT OF THE DEFERRED COMPENSATION WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND DID NOT VEST AND WAS NOT PAID UNTIL THE CURRENT REPORTING YEAR. THE AMOUNT DEFERRED EACH YEAR WAS REPORTED ANNUALLY IN COLUMN (C). ONCE THE SUBSTANTIAL RISK OF FORFEITURE LAPSED AND THE BENEFIT WAS PAID, THE ENTIRE BENEFIT PAID DURING THE APPLICABLE REPORTING YEAR WAS REPORTED IN COLUMN (B)(III). THE REQUIREMENT TO REPORT THE DEFERRED AMOUNTS WHEN EARNED EACH YEAR AND AGAIN WHEN VESTED AND PAID CONSTITUTES A DOUBLE REPORTING REQUIREMENT BY THE IRS RULES AND REGULATIONS. IN ADDITION, IN CONNECTION WITH AN EXTENSION OF HER INITIAL EMPLOYMENT CONTRACT, THE COLLEGE DEFERRED ADDITIONAL COMPENSATION OF THE PRESIDENT, AND THIS ANNUAL CONTRIBUTION IS ALSO REPORTED IN COLUMN (C).

SCHEDULE J (Form 990)

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

Inspection

Name of the organizationEmployer identification numberVassar College141338587

icers	, Directors, Trust	W. C. and/or 1000 MIG	yees, and mignes				(F) Compensation
	(i) Base compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	reported in prior Form 990 or Form 990-EZ
(i)	165,579	0	1,897	20,930	32,589	220,995	
(ii)	0	0	0	0	0	0	
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
-							
_							
-							
-							
- ' '							
(ii)							
	(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(B) Breakdown of (i) Base compensation (i) 165,579 (ii) 0 (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	(B) Breakdown of W-2 and/or 1099-MIS (i) Base compensation (ii) 165,579 (iii) 0 0 (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation (ii) Bonus & incentive compensation (iii) Offer reportable compensation (i) 165,579	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation (ii) Bonus & incentive compensation (ii) Compensation (ii) 165,579 (ii) 0 0 0 0 0 0 0 (ii) (iii) 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred compensation (D) Nontaxable benefits (D) Nontaxable benefit	Base compensation Gil) Bonus & incentive compensation Gil) Other compensation Compensati

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Internal	Tieveride dervice	ilorination about c	scriedule it (i o	iiii əəoj and	1 113 1	iisti uctions is a	1	w.n s.yc	w/ioiiii330.				поросс	1011	
Name (of the organization										Emp	loyer i	dentificat	ion nu	mbei
Vass	ar College											14	1-133858	7	
Par	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ied	(e) Issue price			(f) Description	n of purpose	(g) De	(g) Defeased be		(i) F	Pooled
													issuer		
	DORMITORY AUTH OF THE STATE OF NY	14-6000293	649903KD2	04/18/200)7	127,431,2	51	ERIES	1995 & ADV <i>I</i>	IENTS, REFU ANCE REFUN	ND Yes	No	Yes No		No
A_	DORMITORY AUTH OF THE STATE OF NY	44 (000000	(40005)(00	0.4/0.0/0.04		F0 F00 0	SI C	APITAI	MPROVEN	IFNTS		+	-		+
ь		14-6000293	649905YS9	04/29/201	U	50,593,0	000					\ \	,		1
В	DUTCHESS COUNTY LOCAL DEVELOPMENT	07.040/707	0/7045500	0/10/1004		07.0/0.5	or C	CAPITAL IMPROVEMENTS			-	-		+	
С	CORPORATION	27-3106797	267045DC3	06/06/201	3	87,968,5	05	CAFITAL IMPROVEI		LINIO		1			1
D															
Par	Proceeds										I				
						Α		В		С			D		
1	Amount of bonds retired					13,650,000			0		0				
2	Amount of bonds legally defeased					0			0		0				
3	Total proceeds of issue					140,255,162			51,488,350	88,047,452					
4	Gross proceeds in reserve funds					0			0	0					
5	Capitalized interest from proceeds					0			3,021,832 2,18						
6	Proceeds in refunding escrows					0			0		0				
7	Issuance costs from proceeds					1,099,761			485,944 66		663,134				
8	Credit enhancement from proceeds					0			0		0				
9	Working capital expenditures from proceed	ls				0			0		0				
10	Capital expenditures from proceeds					53,286,090			47,489,073		77,795,902				
11	Other spent proceeds					86,215,082			491,501		239,914				
12	Other unspent proceeds					0			0		7,168,431				
13	Year of substantial completion					2010			2012		2016				
					es	No	Υe	es	No	Yes	No	Υ	es	N	0
14	Were the bonds issued as part of a current				'				~		~				
15	Were the bonds issued as part of an advan				/				~		~				
16	Has the final allocation of proceeds been m	nade?			/				~		~				
17	Does the organization maintain adequate I	books and record	ds to support	the											
	final allocation of proceeds?				~		·	/		~					
Part	Private Business Use														
						A		В		Ç			D		
1	Was the organization a partner in a partner				es	No	Ye	es	No	Yes	No	Y	es	N	0
	which owned property financed by tax-exe					· ·			~		v				
2	Are there any lease arrangements that ma														
	bond-financed property?					· /			~		~				

Part III Private Business Use (Continued)

			A		В		O	l	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?	~		>		v			
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?	~		~		~			
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	~		~		· ·			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	V		V		V			
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 ▶		0.15 %		0.13 %		0 %		%
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		%		0 %		o %		%
6	Total of lines 4 and 5		0.15 %		0.13 %		0 %		%
7	Does the bond issue meet the private security or payment test?		V		V		· ·		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		_				_		
b			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		70		70		70		70
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	V		V		V			
Part	IV Arbitrage								
			Α		В		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No	Yes	No 🗸	Yes	No 🗸	Yes	No
2	If "No" to line 1, did the following apply?		1		1		1		!
а	Rebate not due yet?				· ·	·			
b	Exception to rebate?				V		~		
С				V			~		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		•						•
3	Is the bond issue a variable rate issue?		· ·		· ·		· ·		
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		~		~		~		
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?							·	
е	Was the hedge terminated?								

Schedule K (Form 990) 2015

Part	V Arbitrage (Continued)								
			A	E	3	()
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓		~		✓		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .	✓		'			>		
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	✓		'		~			
Part	V Procedures To Undertake Corrective Action								
			A	E	3)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation is not available								
	under applicable regulations?	✓		·		·			
Part	VI Supplemental Information. Provide additional information for responsible.	onses to	questions	on Schedu	le K (see ir	nstructions).		
Sched	lule K, Part II, Line 3-04/18/2007 127,431,246 DORMITORY AUTH OF THE STATE OF N	Y - THE TOT	AL PROCEE	DS EXCEED	THE ISSUE	PRICE DUE	TO INVESTM	MENT	
EARN	INGS ON THE PROJECT FUND AND REFUNDING TRUST ACCOUNT								
Sched	lule K, Part II, Line 3-04/29/2010 50,593,000 DORMITORY AUTH OF THE STATE OF NY	- THE TOTA	AL PROCEED	S EXCEED 1	THE ISSUE F	PRICE DUE T	O INVESTMI	ENT	
EARN	INGS ON THE PROJECT FUND								
Sched	lule K, Part II, Line 3-06/06/2013 87,968,505 DUTCHESS COUNTY LOCAL DEVELOPME	NT CORPO	RATION - TH	IE TOTAL PR	OCEEDS EX	KCEED THE I	SSUE PRICE	E DUE TO	
INVES	TMENT EARNINGS ON THE PROJECT FUND								
Sched	lule K, Part II, Line 11-04/18/2007 127,431,246 DORMITORY AUTH OF THE STATE OF I	NY - THE OT	HER SPENT	PROCEEDS	EQUAL THE	REFUNDING	G PROCEED	S OF THE	
ISSUE	, INCLUDING EARNINGS ON SLGS IN THE REUNDING TRUST ACCOUNT, THAT ARE	NO LONGE	R IN ESCRO	W (85,268,00	2) AND PRO	CEEDS USE	D TO PAY T	HE NEW	
YORK	STATE ISSUER FEE (947,080)								
Sched	lule K, Part II, Line 11-04/29/2010 50,593,000 DORMITORY AUTH OF THE STATE OF N	Y - THE OTH	IER SPENT I	PROCEEDS A	ARE THE PR	OCEEDS US	ED TO PAY	THE NEW	
YORK	STATE ISSUER FEE								
Sched	lule K, Part II, Line 11-06/06/2013 87,968,505 DUTCHESS COUNTY LOCAL DEVELOPM	IENT CORP	ORATION - T	HE OTHER S	SPENT PROC	CEEDS ARE	THE PROCE	EDS USED	
TO PA	Y THE NEW YORK STATE ISSUER FEE								
Sched	lule K, Part IV, Line 2c-04/29/2010 50,593,000 DORMITORY AUTH OF THE STATE OF N	IY - PART IV	/, LINE 2C, C	OLUMN B, S	ERIES 2010	: AN ARBITR	AGE REBAT	Έ	
CALC	ULATION WAS COMPLETED ON 4/29/2015								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number Vassar College 14-1338587

Part	Types of Property			<u>.</u>					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o				
1	Art-Works of art	~	11	957,350	INDEPENDE	NT AP	PRAIS	SALS	
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications	~		48,200	INDEPENDE	NT AP	PRAIS	SALS	
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded	~	184	3,030,599	FAIR MARKE	ET VAI	LUE		
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received which the organization completed								
	which the organization completed	FUIII 0200	o, Fait IV, Donee Acknowled	ugement	29		Yes	10 No	
	B : " " " " " " " " " " " " " " " " " "		1 19 2		4.11		162	INO	
30a	During the year, did the organizat								
	28, that it must hold for at least the to be used for exempt purposes to					00-			
			e notaling period:			30a			
	If "Yes," describe the arrangemen		tanca policy that recoins	o the review of any an	n otondovel				
31									
20-	Does the organization hire or use					31	~		
32a		-	les or related organization	•		00-	,		
						32a	~		
	If "Yes," describe in Part II. If the organization did not report as	n amount in	column (a) for a type of are	porty for which column (a)	ic chocked				
33	describe in Part II.	ı amount in	column (c) for a type of pro	perty for writeri column (a)	is crieckeu,				

Schedule M (Form 990) (2015) 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 - COLUMN B - THE NUMBER REPRESENTS THE AMOUNT OF ITEMS DONATED. Schedule M, Part I, Line 32b - GIFTS OF SECURITIES ARE RECEIVED BY REGISTERED BROKERS AND SOLD ON BEHALF OF VASSAR COLLEGE. PROCEEDS FROM SALES ARE DEPOSITED INTO THE COLLEGE BANK ACCOUNTS.

SCHEDULE 0 (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.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

Name of the organization	Employer identification number
Vassar College	14-1338587
Form 990, Part VI, Section A, Line 7b - ALTHOUGH SUBJECT TO ELECTION BY THE FULL BOARD, SIX	OF THE MEMBERS OF THE
BOARD ARE NOMINATED BY THE ALUMNAE AND ALUMNI VASSAR COLLEGE AND NOT BY THE NO	MINATIONS COMMITTEE OF
THE BOARD.	
Form 990, Part VI, Section B, Line 11b - THE BOARD OF TRUSTEES DELEGATES THE RESPONSIBILIT	Y FOR OVERSIGHT OF THE
PREPARATION OF FORM 990 TO THE AUDIT COMMITTEE WHICH REVIEWS THE ENTIRE FORM 990 A	IS A DRAFT PRIOR TO THE
COMPLETION OF THE REVIEW BY THE COLLEGE'S CERTIFIED PUBLIC ACCOUNTANT. THE FINAL V	ERSION, EXCLUDING
SCHEDULE B, IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO SUBMISSION	ON.
Form 990, Part VI, Section B, Line 12c - VASSAR COLLEGE ISSUES CONFLICT OF INTEREST QUESTION	ONNAIRES TO OFFICERS,
DIRECTORS, TRUSTEES AND OTHER MEMBERS OF THE FACULTY AND ADMINISTRATION WITH SIG	NIFICANT BUDGETARY
RESPONSIBILITIES. ONCE THE COMPLETED FORMS ARE SUBMITTED TO THE SECRETARY OF THE	BOARD AND REVIEWED BY
THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, THE CHAIR OF THE BOARD AND THE C	CHAIR OF THE AUDIT
COMMITTEE, THE COLLEGE RESPONDS TO ANY DISCLOSURES WITH APPROPRIATE ACTION INCLU	JDING REQUIRING PERSONS
TO RECUSE THEMSELVES FROM INVOLVEMENT WITH ANY DECISIONS FOR WHICH THE RELATION	SHIP WOULD REPRESENT AN
ACTUAL OR POTENTIAL CONFLICT OF INTEREST.	
Form 990, Part VI, Section B, Line 15 - VASSAR PARTICIPATES IN A THIRD PARTY DATA COLLECTIO	N PROCESS WITH 25 PEER
COLLEGES. WE SUBMIT DATA ANNUALLY TO A PROFESSIONAL COMPENSATION ANALYST, WHO	SUMMARIZES THE DATA AS A
RANGE WITH QUARTILES. THE REPORT IS PROVIDED TO THE PERSONNEL AND COMPENSATION C	OMMITTEE OF THE BOARD
OF TRUSTEES.THE BOARD DETERMINES RAISES FOR ALL SENIOR OFFICERS AND REPORTS THEIR	R FINDINGS THROUGH THE
PRESIDENT FOR FINANCE AND ADMINISTRATION. COMMITTEE RECORDS ARE MAINTAINED BY TH	E SECRETARY OF THE
BOARD OF TRUSTEES FOR THE PERMANENT FILES OF THE BOARD. WE BELIEVE THAT OUR POLICE	CY MEETS THE
REQUIREMENTS OF THE REBUTTABLE PRESUMPTION.	
Form 990, Part VI, Section C, Line 19 - VASSAR PUBLISHES ITS GOVERNANCE IN PRINT AND ONLINE	
IS PUBLISHED ONLINE, AND ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ONLINE	AND IN PRINT FORM BY
REQUEST.	
Form 000 Dort V. Ling 1/ CERTAIN DECLASSIFICATIONS HAVE DEEN MADE TO THE DRIOD VEADS	CENDING DALANGE CHEFT TO
Form 990, Part X, Line 16 - CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR'S	
CONFORM WITH THE CLASSIFICATIONS USED IN THE CURRENT YEAR. THESE RECLASSIFICATION OVERALL ASSETS, LIABILITIES, OR NET ASSET AMOUNTS REPORTED.	S HAVE NO IMPACT ON THE
OVERALL ASSETS, LIABILITIES, OR NET ASSET AMOUNTS REPORTED.	
Form 990, Part XI, Line 9 - POST RETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BE	NEETS COST (422 672): DOST
RETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BENEFITS COST 805,817; GRANTS	
US ORGANIZATIONS (76,924); TOTAL OTHER CHANGES IN NET ASSETS 306,221.	7112 011121(7133131711102 10
SO SIGNALETTIONS (19)721), TO THE STITLE STI	

Schedule O, Statement 1 Vassar College

Form: **990 (2015)** EIN: **14-1338587**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

INSPIRES EACH INDIVIDUAL TO LEAD A PURPOSEFUL LIFE. THE COLLEGE MAKES POSSIBLE AN EDUCATION THAT PROMOTES ANALYTICAL, INFORMED, AND INDEPENDENT THINKING AND SOUND JUDGMENT; ENCOURAGES ARTICULATE EXPRESSION; AND NURTURES INTELLECTUAL CURIOSITY, CREATIVITY, RESPECTFUL DEBATE AND ENGAGED CITIZENSHIP. FOUNDED IN 1861 TO PROVIDE WOMEN AN EDUCATION EQUAL TO THAT ONCE AVAILABLE ONLY TO MEN, THE COLLEGE IS NOW OPEN TO ALL. VASSAR SUPPORTS A HIGH STANDARD OF ENGAGEMENT IN TEACHING AND LEARNING, SCHOLARSHIP AND ARTISTIC ENDEAVOR; A BROAD AND DEEP CURRICULUM; A COMMUNITY DIVERSE IN BACKGROUND AND EXPERIENCE; AND A RESIDENTIAL CAMPUS THAT FOSTERS A LEARNING COMMUNITY.

Schedule O, Statement 2 Vassar College

Form: 990 (2015) EIN: 14-1338587
Page: 2 Part III, Line 1

Page: 2 Mission Description

Description

JUDGMENT; ENCOURAGES ARTICULATE EXPRESSION; AND NURTURES INTELLECTUAL CURIOSITY, CREATIVITY, RESPECTFUL DEBATE AND ENGAGED CITIZENSHIP. FOUNDED IN 1861 TO PROVIDE WOMEN AN EDUCATION EQUAL TO THAT ONCE AVAILABLE ONLY TO MEN, THE COLLEGE IS NOW OPEN TO ALL. VASSAR SUPPORTS A HIGH STANDARD OF ENGAGEMENT IN TEACHING AND LEARNING, SCHOLARSHIP AND ARTISTIC ENDEAVOR; A BROAD AND DEEP CURRICULUM; A COMMUNITY DIVERSE IN BACKGROUND AND EXPERIENCE; AND A RESIDENTIAL CAMPUS THAT FOSTERS A LEARNING COMMUNITY.

Schedule O, Statement 3

Form: **990 (2015)** EIN: **14-1338587**

Page: 2

Other Program Services Accomplishments

Part III, Line 4d

Vassar College

Activity Code	Description	Expense	Grants	Revenue
	OTHER PROGRAM SERVICES INCLUDE RESEARCH EXPENDITURES, GENERAL PROGRAM OVERHEAD COSTS, AND AUXILIARY ENTERPRISE REVENUE AND EXPENDITURES.	24,897,913	76,924	7,719,368
Total:		24,897,913	76,924	7,719,368

Schedule O, Statement 4 Vassar College

Form: 990 (2015) EIN: 14-1338587

Page: 5

Name Of Foreign Country

Part V, Line 4b

Name

Ireland

Italy

Spain

United Kingdom (England, Northern Ireland, Scotland, and Wales)

Schedule O, Statement 5 Vassar College

Form: **990 (2015)** EIN: **14-1338587**

Page: 6 Part VI, Section C, Line 17

States Where Copy Of Return Is Filed								
States								
AK								
AR								
AZ								
СО								
DC								
MA								
ME								
MI								
MN								
MS								
NC								
NH								
NJ								
NY								
OR								
SC								
VA								
WA								

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

Vassar College

Employer identification number 14-1338587

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COLLEGE PROPERTIES LLC (14-1817534) 124 RAYMOND AVENUE BOX 655, POUGHKEEPSIE, NY 12604	REALTY INVESTMENT	NY	70,015	3,878,054	VASSAR COLLEGE
(2)	-				
(3)	-				
(4)					
(5)					
(6)					

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets (h) Disproportion allocations?		(h) isproportionate allocations? (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		proportionate Code V—U amount in bo of Schedule		(j) General or managing partner?		(k) Percentage ownership
							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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	olled
								Yes	No
(1) POOLED INCOME FUNDS (3) 124 RAYMOND AVENUE, POUGHKEEPSIE, NY 1260	INVESTMENT SUPPORT	NY	N/A	Т			100%	~	
(2) CHARITABLE REMAINDER UNITRUSTS (15) 124 RAYMOND AVENUE, POUGHKEEPSIE, NY 1260	INVESTMENT SUPPORT	NY	N/A	Т			100%	~	
(3) CHARITABLE REMAINDER ANNUITY TRUST (2) 124 RAYMOND AVENUE, POUGHKEEPSIE, NY 1260-	INVESTMENT SUPPORT	NY	N/A	Т			100%	~	
(4)									
(5)									
(6)									
(7)									

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																1a		~
b	Gift, grant, or capital contribution to related organization(s)																1b		'
С	Gift, grant, or capital contribution from related organization(s)																1c		'
d	Loans or loan guarantees to or for related organization(s)																1d		~
е	Loans or loan guarantees by related organization(s)																1e		'
f	Dividends from related organization(s)																1f		'
g	Sale of assets to related organization(s)																1g		'
h	Purchase of assets from related organization(s)																1h		'
i	Exchange of assets with related organization(s)																1i		'
j	Lease of facilities, equipment, or other assets to related organization(s)																1j		'
k	Lease of facilities, equipment, or other assets from related organization(s)																1k		'
I	Performance of services or membership or fundraising solicitations for related organization(s)																11		'
n	1 7 7																1m		'
n																	1n		'
0	Sharing of paid employees with related organization(s)																10		~
р	1 7 1																1p		~
q	Reimbursement paid by related organization(s) for expenses																1q		~
r	Other transfer of cash or property to related organization(s)																1r	~	
S	Other transfer of cash or property from related organization(s)																1s	/	<u> </u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omp	lete	this I	ine,	inclu	udin	g co	over	ed re	elati	ions	hips	s an	d tra	ınsac	tion th	resho	lds
	(a) Name of related organization		Tro	(b) insacti	ion			Δmc	(c)) nvolv	ad		Ma	thod	of de		d) ing amo	ınt invo	lved
	Name of related organization			pe (a-				AIIIC	Julit II	IIVOIV	cu		IVIC	tiiou	oi ue	terrini	ing amo	ant mive	nveu
-	OOLED INCOME FUNDS (3)																		
	30225 III 30III 2 1 31IB3 (6)	s								60	02,5	46 F	air I	Marl	cet V	alue			
<u>(1)</u>	HARITABLE REMAINDER UNITRUSTS (15)											+							
(2)	• •	r								2	21,59	98 F	air I	Marl	cet V	alue			
\ _ /																			
(3)																			
,- <i>j</i>																			
(4)																			
.,																			
(5)																			
(6)																			

Schedule R (Form 990) 2015

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?			
				sections 512-514)	Yes No				Yes	No		Yes	No		
(1)															
(2)															
(3)															
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chedule R (Form 990) 2015 Page											
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).										