DLN: 93493131046647

# OMB No 1545-0047

# Form 990

Department of the

**Return of Organization Exempt From Income Tax** 

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

For the 2015 calendary year, or tax year beginning 07-01-2015	Intern	al Reven	nue Servi	re l				Δn	spection
Modern Change   Composition   Composition	A F	or the 2	2015 ca						
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Number and system (or P O box if mal is not celevated to street address)   Room/Serve   Carophysiste   Carop	<u> </u>		,	Doing business as					
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F. Name and autores of principal officer   JASON & POPTIS   777 OEDHAM STREET   NewTon CENTRE, MA 024593323   NewTon Centre, Make 1   NewTon Centre, Make 1   NewTon Centre, Make 2   NewTon Centre,	Ap	plication	pending			<b>c</b> c		.t. + 62 022	204
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1									Flogal domicile Mi
Binefly describe the organization's mission or most significant activities   MOUNT IOA COLLEGE BLENDS CAREER-RELEVANT EDUCATION WITH BROAD-BASED LEARNING IN THE ARTS, SCIENCES AND HUMANITIES TO PREPARE STUDENTS TO SUCCEED IN A CHANGING WORLD	K Form	n of orga	anızatıon	✓ Corporation   Trust   Association   Other ►	- Tear or roll	nadon 1	930	IN State of	legal doffliche
Binefly describe the organization's mission or most significant activities   MOUNT IOA COLLEGE BLENDS CAREER-RELEVANT EDUCATION WITH BROAD-BASED LEARNING IN THE ARTS, SCIENCES AND HUMANITIES TO PREPARE STUDENTS TO SUCCEED IN A CHANGING WORLD	Pa	rt I	Sum	mary					
Name		<b>1</b> Bri	efly des	scribe the organization's mission or most significant activities					
2 Check this box ▶ [if the organization discontinued its operations or disposed of more than 25% of its net assets  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)  4 Number of independent voting members of the governing body (Part VI, line 1b)  4 1 19  5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)  5 823  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7a 173,633  7b Net unrelated business taxable income from Form 990-T, line 34  7b 7b 7a,992  8 Contributions and grants (Part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  11 Benefits paid to or for members (Part IX, column (A), lines 1-3)  12 Salares, other compensation, employee benefits (Part IX, column (A), lines  15 Salares, other compensation, employee benefits (Part IX, column (A), lines  17 Other expenses (Part IX, column (A), lines 11e-11d, 11f-24e)  18 Total fundinaring expenses (Part IX, column (A), lines 12)  19 Total fundinaring expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  70 Total, 13 Signature Block  10 Total revenue less expenses Subtract line 21 from line 20  11 A)30,668  16,432,886  16,432,886  16,432,886  16,432,886  16,432,886						EARNIN	GIN	THEAR	rs, sciences
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	e.	AN	יוטוו טוי	ANTITIES TO PREPARE STUDENTS TO SUCCEED IN A CHANGING W	UKLD				
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	anc								
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	EI .	_							
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	Ŏ	<b>2</b> C	heck th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of	more than 2	5% of it	s net	assets	
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	ত ফা			for the second s			۔ ا	1	2.0
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	v e								
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	Ě								
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   173,633   7b   -78,992   7b   -78,992   7b   -78,992   7c   7c   7c   7c   7c   7c   7c   7	ct					•	<u> </u>		
Net unrelated business taxable income from Form 990-T, line 34   7b   7-88,992	Q.			· · · · · · · · · · · · · · · · · · ·		•			
Prior Year   Current Year						•			· · · · · · · · · · · · · · · · · · ·
Second   S		D NC	.c um cie	rece business taxable meanic noint of m 550 T, fine 54		·Vear	70		· · · · · · · · · · · · · · · · · · ·
9 Program service revenue (Part VIII, line 2g)		۰	Contri	hutions and grants (Part VIII June 1h)	FIIOI		469	Cui	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   48,198,956   60,412,476   12)   13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   14,886,112   18,645,121   18,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121	얔								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   48,198,956   60,412,476   12)   13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   14,886,112   18,645,121   18,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121   19,645,121	Œ,	-	-	· · · · · · · · · · · · · · · · · · ·					
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)						332			
12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
14 Benefits paid to or for members (Part IX, column (A), line 4)				evenue add mes o emough 11 (mast equal) are viii) column (vi), me	,	48,198	,956		60,412,4/6
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)		13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		14,886	,112		18,645,121
Secondary of effects   Secondary of effects   Secondary of effects   Secondary of effects		14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0		0
Total fundraising expenses (Part IX, column (A), line 11e)	co.	15				18,429	.442		20,587,760
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	S.								
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9						U		U
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	표	b							
Revenue less expenses Subtract line 18 from line 12									
Beginning of Current Year  20 Total assets (Part X, line 16)									
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge		19	Reven	ue less expenses Subtract line 18 from line 12		-6,419	,440		-1,763,717
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	2 g				Beginning of	Current	Year	En	d of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	set alar	20	Total	assets (Part X, line 16)		75.455	,290		83,235,440
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	AB dB					•			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	Fe								
Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge  ******  Synature of officer.						,	,		/
preparer has any knowledge  *****  Supplying of officer.	Unde	r penal	lties of	perjury, I declare that I have examined this return, ir					
*****  Supplying of officer	my k	nowled <sub>e</sub>	ge and	pelief, it is true, correct, and complete Declaration o					
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Here	_	ASON D POTTS VP, CFO & vpe or print name and title
Paid		Print/Type preparer's na JUDY DALEY
Prepare	r	Firm's name ► CLIFT
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**Use Only** 

•	SOIL DI OTTS IT, CI O G TREASURER	
/	pe or print name and title	
		Preparer's signature JUDY DALEY
	Firm's name  CLIFTONLARSONALLEN L	LP

Firm's address ▶ 300 CROWN COLONY DRIVE SUITE 310

TREASURER

QUINCY, MA 02169 May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

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

Yes

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Yes

Form 990 (2015)

Yes

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Pai	rt IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	23	Yes	

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		.,			_
		Check if Schedule O contains a response of flote to any line in this	rait	v	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	105			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the	۱ e organization comply with backup withholding rules for reportable payments to	o venc	lors and reportable			
		g (gambling) winnings to prize winners?	٠.		1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and satements, filed for the calendar year ending with or within the year covered					
		return	2a	823			
b		east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
_		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	•	· · · · · · · · · · · · · · · · · · ·	_		
		e organization have unrelated business gross income of \$1,000 or more during		•	3a 3b	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> e time during the calendar year, did the organization have an interest in, or a si			30	1 65	
70		a financial account in a foreign country (such as a bank account, securities acc			_		
	accou	nt) <sup>7</sup>			4a		No
b		s," enter the name of the foreign country					
	See in (FBAR	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	k and I	Financial Accounts			
5a	,	' ne organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		y taxable party notify the organization that it was or is a party to a prohibited t	-	· · · · · · · · · · · · · · · · · · ·	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
-	I. 1 C3	z, to Sa of Siz, and the organization me Form 0000 T			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable cont	,	'	6a		No
b	_	s," did the organization include with every solicitation an express statement th		ŀ			
_		ot tax deductible?			6b		
7	_	izations that may receive deductible contributions under section 170(c).		d		V	
a		e organization receive a payment in excess of \$75 made partly as a contributi es provided to the payor?			7a	Yes	
b	If"Yes	s," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal proper		which it was required to	7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				110
		•					
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as			
h	require	ed '		the organization file a	7g		
		1098-C?	· •	· · · · · ·	7h		
8		oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	sinese	s holdings at any time			
		the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson <sup>,</sup>	9b		
10	Sectio	n 501(c)(7) organizations. Enter					
		ion fees and capital contributions included on Part VIII, line 12	<b>10</b> a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11		n <b>501(c)(12) organizations.</b> Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources it amounts due or received from them )	11b				
		, , , , , , , , , , , , , , , , , , ,					
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lie I	u of Form 1041?	12a		
D	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	ote. S	ee the instructions for			
-		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	ŀ	14b		
				Į.			

orm	990 (2015)				Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" redescribe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI.	instructions.			
Se	ection A. Governing Body and Management	<u> </u>			
	and the second s			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 11	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed b supervision of officers, directors or trustees, or key employees to a management compa	•	3		No
4	Did the organization make any significant changes to its governing documents since the filed?	e prior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıon's assets? .	5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who	cannot be reached at the			

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes f b Other officers or key employees of the organization  $\ldots \ldots \ldots \ldots$ 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **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 16b

# Section C. Disclosure

7 List the States with which a copy of this Form 990 is required to be filed ▶ №

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶JASON D POTTS VPCFO & TREASURER 777 DEDHAM STREET NEWTON CENTRE, MA 024593323 (617) 928-4516

Part VII

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

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

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

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	ition i than o on is	one l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						<b>&gt;</b>				
c Total from continuation she d Total (add lines 1b and 1c)				٠.	٠.			1,997,358	0	264,131

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on time 1a. If res, complete schedule 7101 sach mulvidadi	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

## Section B. Independent Contractors

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
ARAMARK CORP	DINING & FACILITIES SERVICES	6,610,624
TWO PLEASURE ISLAND ROAD WAKEFIELD, MA 01880		
COMMODORE BUILDERS	CONSTRUCTION CONTRACTOR	1,231,519
80 BRIDGE STREET NEWTON, MA 02458		
STRUCTURE TONE INC	CONSTRUCTION CONTRACTOR	430,525
711 ATLANTIC AVENUE BOSTON, MA 02111		
REILLY ELECTRICAL CONTRACTORS INC	ELECTRICAL CONTRACTOR	164,142
14 NORFOLK AVENUE EASTON, MA 02375		
MECHANICAL AIR OF NE INC	HVAC CONTRACTOR	157,905
1 ALDEN AVENUE GREENLAND, NH 03840		
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Yes

No

Form 99		15)						Page <b>9</b>
Part V	ш	Statement o	f Revenue					
		Check If Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 80	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ies <b>1b</b>					
Gr.	С	Fundraising eve	ents <b>1c</b>					
fts.	d	Related organiz	zations 1d					
<u>⊒</u> ;	e	Government grants	s (contributions) <b>1e</b>					
ons Sir		All other contribution	ons, gifts, grants, and <b>1f</b>	8,653,512				
utic her	'	similar amounts no						
哥哥	g	Noncash contribute 1a-1f \$	ons included in lines	11,131				
Cont and	h	Total. Add lines	s 1a-1f		8,653,512			
				Business Code				
Program Service Revenue	2a	TUITION & FEES		611600	50,754,219	50,754,219		
.¥	b	AUXILIARY ENTERF	PRISES	611710	911,207	737,574	173,633	
e E	С	GOVERNMENT COM	NTRACTS	611710	80,222	80,222		
Ę.	d							
S	е							
gra	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	s 2a-2f		51,745,648			
	3		ome (including dividen		7,543			7,543
	4		ar amounts)		7,343			7,545
	5	Royalties		<b>▶</b>				
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount		(II) O tilel				
		from sales of assets other than inventory	1,404,393	2,022,198				
	b	Less cost or other basis and	1,401,120	2,019,698				
		sales expenses						
	C	Gain or (loss)	3,273	2,500	5,773			5,773
	d 8a	Net gain or (los Gross income f		· · · · <b>&gt;</b>	3,773			3,773
Other Revenue		events (not inc \$						
ď		See Part IV, lir	ne 18					
her	h	Logo direct ov	a noncos					
ŏ	C		penses <b>b</b> (loss) from fundraising	events •				
		Gross income f	rom gaming activities ne 19					
	b c		a penses b (loss) from gaming activ	vities				
				<b>•</b>				
	104	Gross sales of returns and allo						
			а					
	b		oods sold b					
	С	Net income or (	(loss) from sales of inve	Business Code				
	11a	miscellaffeou!	3 Nevellue	Pasiliess Code				
	b							
	c	_						
	d	All other reven	ue					
	e	Total. Add lines	ı	•				
	12	Total revenue.	See Instructions .					
					60,412,476	51,572,015	173,633	13,316

### 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 . . . . . . (B) (C) (D) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . Grants and other assistance to domestic individuals See Part IV, line 22 18,645,121 18.645.121 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . . . . . . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . 1,577,670 701,171 727,986 148,513 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 14,549,222 12,303,778 2,009,600 235,844 Pension plan accruals and contributions (include section 401(k) 822.787 1.026.255 171.156 32.312 and 403(b) employer contributions) . . . . Other employee benefits . . 2,088,699 970.772 1,100,818 17,109 10 Payroll taxes 1,345,914 1,141,354 170,172 34,388 . . . . . Fees for services (non-employees) Management . . . 152,543 b Legal . . 152.543 Accounting . . . 122,299 122,299 C . . . d Lobbying . Professional fundraising services See Part IV, line 17 Investment management fees . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 1,851,547 952,456 771,742 127,349 12 Advertising and promotion . 242,031 221,956 20,000 75 13 Office expenses . . . 1,211,431 952,996 219,942 38.493 14 Information technology . 603,695 431,517 164,228 7,950 15 Royalties . . 3,831,358 1,080,846 16 Occupancy . 5,004,324 92,120 17 814,935 753,607 42,110 19,218 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . 124.751 111,072 11,933 1,746 20 Interest . . 1,546,618 1,260,355 286,142 121 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . 2,985,540 2,537,157 445,053 3,330 23 817,049 385,588 425,900 5,561 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 ) SUPPLIES EXPENSE 4,578,448 4,194,546 338,626 45,276 SECURITY SERVICE 1.248.075 958.724 263,819 25,532 OTHER EXPENSES 880,883 597,632 245,529 37,722 **BAD DEBT EXPENSE** 337,692 337,692 d All other expenses 421,451 344,445 62,169 14,837 Total functional expenses. Add lines 1 through 24e 25 62,176,193 52,118,392 9,170,305 887,496 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)

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31 32

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34

Net Assets or Fund Balances

Pledges and grants receivable, net

Notes and loans receivable, net .

Complete Part VI of Schedule D

Intangible assets . . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Grants payable

Deferred revenue

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use

Accounts receivable, net . .

II of Schedule L

П	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part $X$			[
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,871,611	1	4,001

10a 10b

101111 55	0 (2	1013)		
Part >	X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X $$ . $$ . $$ .		
			(A) Beginning of year	
	1	Cash-non-interest-bearing	1,871,611	
	2	Savings and temporary cash investments		

Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Page	
-	_

	5	
	г	

764

539 465

502.935

54,006,033

23 526 670

658,573

83,235,440

3,643,781

5,265,449

39.353.139

12.518.376

6,021,809

66,802,554

14,527,692

628.349

1,276,845

16,432,886

83,235,440

Form 990 (2015)

Page	11

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32

33

214.038

55,793,878

15 952 578

523.094

75,455,290

3,165,532

6,532,773

40.287.823

5.527.133

5 638 361

61,151,622

12,870,527

519.296

913,845

14.303.668

75,455,290

84,441,183

30,435,150

1.100.091

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

9

10

-710,371

No

Νo

16,432,886

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

Software ID: Software Version:

**EIN:** 04-2104736

Name: MOUNT IDA COLLEGE

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	tees	s, K	ey Employees	, Highest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Pos more pers	ition than on is	(C) (do one bot	not box h an	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	( <b>E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	
BARRY BROWN PRESIDENT	40 00	х		х				412,082	0	33,839
MICHAEL T BURNS CPA CHAIR	1 00	х		x				0	0	C
CORRADO ADDONISIO TRUSTEE	1 00	х						0	0	0
JUDITH ALLEN TRUSTEE	1 00	х						0	0	0
JAN WOOD BEAVEN TRUSTEE	1 00	x						0	0	C
DAVID BREZNIAK TRUSTEE	1 00	x						0	0	d
KEVIN D CROWLEY CHFC CLU TRUSTEE	1 00	x						0	0	C
ROBERT DANNIN PHD TRUSTEE	1 00	×						0	0	(
RALPH FUCCILLO TRUSTEE	1 00	х						0	0	(
KATHARINE H HANSON TRUSTEE	1 00	×						0	0	d

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos mo unles	sition nore tl ss pe	(C) than ersoi	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the	
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations	
DAVID JOHST TRUSTEE	1 00	×						0	0	0	
MICHAEL KERRIGAN TRUSTEE	1 00	x						0	0	0	
MARC MARGULIES TRUSTEE	1 00	×						0	0	0	
AMELIA NYCHIS TRUSTEE	1 00	x						0	0	0	
SHAJU PUTHUSSERY TRUSTEE	1 00	х						0	0	0	
CARMIN REISS TRUSTEE	1 00	х						0	0	C	

1 00

1 00

1 00

1 00

Х

Х

Χ

DR STEPHEN RENO

KARIM SAHYOUN

BARRY WANGER TRUSTEE

SYLVIA Q SIMMONS PHD

.....

TRUSTEE

TRUSTEE

TRUSTEE

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/i	not one n is and trus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			4.			94 e.c.			
GRACE BELTRAME CLERK & SECRETARY	40 00			×			64,108	0	10,007
RONALD AKIE  VP FOR ACADEMIC AFFAIRS	40 00			×			230,777	0	30,725
JEFF CUTTING VP FOR ENROLLMENT MGT	40 00			×			148,386	0	25,723
LAURA A DEVEAU  VP FOR STUDENT AFFAIRS	40 00			×			102,749	0	32,170
SUZANNE GALLAGHER  VP & GENERAL COUNSEL	40 00			×			149,678	0	25,441
JILL WIERBICKI ABRAHAMS  VP FOR ADVANCEMENT	40 00			×			170,308	0	15,618
JASON D POTTS  VP, CFO & TREASURER	40 00			×			111,141	0	0
SHARON MCKECHNIE  DEAN OF SCHOOL OF BUSINESS & GRADUATE STUDIES	40 00					х	146,225	0	14,364
REEMA ZEINELDIN	40 00					,,	126 022	0	25.542

40 00

DEAN OF SCHOOL OF APPLIED SCIENCES

DEAN OF SCHOOL OF DESIGN

JASON DONATI

126,922

114,079

Χ

25,542

24,618

0

Compensated Employees, and Independent Contractors (A) Name and Title Position (do not check Reportable Average Reportable Estimated

more than one box,

(F)

amount of

| compensation | compensation |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	week (list any hours for related organizations below dotted line)	officer a		trustee)		an Former	organization (W- 2/1099-	from related organizations (W- 2/1099- MISC)	other compensation from the organization and related organizations
DANIEL YOUNG	40 00	T.			at e-d				
PROFESSOR					×		113,697	0	26,084
BRAD HASTINGS	40 00				×		107,206	0	o

DEAN OF SCHOOL OF SOCIAL SCIENCES & HUMAN

etile	GRAPHIC	print -	DO NOT	PROCESS	AS	Filed	Data

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

www.irs.gov/form990.

described in section 170(b)(1)(A)(vi). (Complete Part II)

The organization is not a private foundation because it is  $\,$  (For lines 1 through 11 , check only one box )

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

DLN: 93493131046647 OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2015

04-2104736

SCHEDULE A (Form 990 or 990EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization MOUNT IDA COLLEGE

Department of the

Part I

▽

1

2

3

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

**Employer identification number** 

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 or 990-EZ) 2015						Page 2
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion tans to qu	dilly dilder the	tests listed bei	ow, picase con	iipiete i ai t III.	,
	Calendar year						T
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
-	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
4	to the organization without charge						
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
-	from line 4						
51	ection B. Total Support				1	1	
(or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
.0	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
4	VI) Total support. Add lines 7						
-	through 10						
.2	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
.3	First five years.If the Form 990 is f	for the organizati	on's first, second	. third, fourth, or	fifth tax vear as a	section 501(c)(	3 ) organization.
-	check this box and <b>stop here</b>		•		,	` ',	- , - · g - · · · · ,
S	ection C. Computation of Pul	olic Support F	Percentage				
4	Public support percentage for 2015			11. column (f))		14	
.5	Public support percentage for 2014			,, , , , , , , , , , , , , , , , ,			
						15	
. <del>o</del> a	<b>33 1/3% support test—2015.</b> If the	2		·	iine 14 is 33 1/3%	or more, check	- —
h	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the				and line 15 is 31	3 1/3% or more o	heck this
	box and <b>stop here.</b> The organization	9			, and fine 15 is 5.	5 1/5 % Of IIIO1C, C	▶ □
72	10%-facts-and-circumstances test				ne 13 16a or 16	h and line 14	
. , a	is 10% or more, and if the organiza	_				•	
	in Part VI how the organization mee						orted
	organization						▶ □
h	10%-facts-and-circumstances test	<b>—2014.</b> If the ora	anization did not o	heck a box on lir	ne 13, 16a, 16b	or 17a, and line	F 1
-	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza					-	cly
	supported organization					•	´ ▶ □
.8	<b>Private foundation.</b> If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a.	or 17b, check this	s box and see	- 1
	instructions			. , ,	,		▶┌
							<del>-</del> 1

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.)

Se	ction A. Public Support						
,	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	<u> </u>					
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						
6	to the organization without charge <b>Total.</b> Add lines 1 through 5						
	<del>-</del>						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
50	from line 6 ) ction B. Total Support						
36				I			
or f	Calendar year iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
oa Oa	Gross income from interest,						
ua	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c,						
	11, and 12) First five years.If the Form 990 is f	iortha arganizati	ania firat accord	third fairth ar	6.6th tax		1/2 \
L4		or the organization	on s mst, second	, tillia, louitii, oi	ilitii tax year as a	section 301(c	)(3) organization,
	check this box and stop here	lic Cupport D	orcontago				
	Ction C. Computation of Pub			12 1 (6)			
L5	Public support percentage for 2015			: 13, column (f))		15	
L6	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	•	7.7	•	. , ,		
	· · · · · · · · · · · · · · · · · · ·				lling 15 is seen to	18 han 22 1/20/ s	and line 47 ·- ·- ·
ьya	<b>33 1/3% support tests—2015.</b> If the	•		·			
	more than 33 1/3%, check this box	•				-	2 1/20/ and line
b	33 1/3% support tests—2014.If the	-					_
	18 is not more than 33 1/3%, check		-	•		-	
20	Private foundation. If the organizat	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and s	see instruction	s ▶ 🗀

### Part IV Supporting Organizations

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

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

Part IV Supporting Organizations (continued)

	,			9	9		(	_
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?  f "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	<b>Organizations</b>
Section	٠.	ivbe		Suppoi una	Organizacions

			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	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
<b>Section</b>	υ.	~II I V	n = r + r	JUDDU	u ciiia	Oluai	IIZALIVIIS

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

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

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage 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)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) 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 requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
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 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
<b>6</b> 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 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
<del></del>		Schodulo A	/Form 990 or 990-F7) (2015

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

# **Supplemental Financial Statements**

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

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

OMB No 1545-0047

DLN: 93493131046647

Open to Public Inspection

iterr	nal Revenue Service			<u>-</u>
	<b>me of the organization</b> UNT IDA COLLEGE		Emple	oyer identification number
			04-2	104736
Pa	Irt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund "Yes" on Form 990, Part IV, June 6	unds o	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	(h)	Funds and other accounts
L	Total number at end of year	(a) Donor advised lunds	(6)	runus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advis	sed <b>Yes No</b>
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes" o	n Form	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		n histori	ically important land area
	Protection of natural habitat	Preservation of a	certified	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution in t	he form	of a conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
<b>c</b>	Number of conservation easements on a certified	, ,	<b>2</b> c	
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	d by the	e organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		dling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforci	ng cons	ervation easements during the
	<b>&gt;</b>			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	onserva	tion easements during the year
	<b>▶</b> \$			
3	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) <b>Yes No</b>
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		
ar	<b>t III</b> Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	or resea	arch in furtherance of public

- (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **▶** \$ \_\_
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

- - Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

service, provide the following amounts relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	storic	al Tr	reasures, or	Oth	er Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other rec	ords, c	heck a	ny of t	the following tha	t are	a sıgnıfıcant us	e of its
а	<b>✓</b>	Public exhibition		d	<b>✓</b>	Loan	or exchange pr	ogra	ms	
b	<b>√</b>	Scholarly research		е	Γ	Othe	r			
c	<b>√</b>	Preservation for future generations								
4	Provi Part)	de a description of the organizatior XIII	n's collections and exp	olain ho	w they	furthe	er the organizati	on's	exempt purpose	: In
5		g the year, did the organization sol s to be sold to raise funds rather t							ımılar <b>Ye</b>	s <b>√</b> No
Ра	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form	990, I	Part I	V, line 9, or r	epor	rted an amour	nt on Form 990,
<b>1</b> a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inter	mediary	/ for co	ntrıbu	tions or other a	sset	s not	s No
b	If'	"Yes," explain the arrangement in F	Part XIII and complete	e the fo	llowing	table			Am	ount
c	Ве	ginning balance					1	lc [		
d	A d	ditions during the year					1	ld		
е	Dis	stributions during the year					1	le		
f		ding balance						Lf		
2a		ne organization include an amount	on Form 990. Part X. I	ine 21.	for esc	row o	ـــــ or custodial acco	ount	liability? 🗆 🗸	-
	Diaci	Te organization merade an amount	on roming so, rate x, r	c 21,	101 050	.10110	r custourur ucc	June	ridsility   Ye	s No
b		es," explain the arrangement in Par Endowment Funds. Compl								
- (-	rt V	Endowment Funds. Compr	(a)Current year		or year		(c)Two years back	<del></del>	Three years back	(e)Four years back
1a	Begir	nning of year balance	15,952,578		19,691,7		18,944,913	+ ` '	11,732,330	11,726,565
b	_	ributions	4,360,000		44,9	77	172,570	+-	135,208	16,815
c	Net II Iosse	nvestment earnings, gains, and s	4,614,122		4,249,7	75	1,858,869		7,418,561	21,671
d	Grant •	ts or scholarships · · · ·								
е		r expenditures for facilities orograms 	1,400,000		8,007,8	42	1,236,819		302,727	
f	A dmi	nistrative expenses	30		26,0	80	47,785	;	38,459	32,721
g	End o	of year balance	23,526,670		15,952,5	78	19,691,748	3	18,944,913	11,732,330
2	Provi	de the estimated percentage of the	current year end bala	ance (lu	ne 1g,	olumi	n (a)) held as			
а	Board	i designated or quasi-endowment 🖡	93 500 %							
b	Perm	anent endowment ► 5 430 %								
c	Temp	oorarily restricted endowment <b>&gt;</b>	1 070 %							
•	•	percentages on lines 2a, 2b, and 2c	-		*I*					
3a		here endowment funds not in the po nization by	issession of the organ	lization	tnat ar	e neia	a and administer	rea ro	ortne	Yes No
	_	nrelated organizations							3a	a(i) No
		elated organizations							<u> </u>	(ii) No
b		es" on 3a(II), are the related organi							3	ВЬ
4	Desc	ribe in Part XIII the intended uses	of the organization's	endown	nent fur	nds				
Pa	rt VI	Land, Buildings, and Equi								
		Complete if the organization  Description of property	answered 'Yes' to I	Form 9	990, Pa (a		<u>', line 11a.See</u> (ь)	e For	m 990, Part א <u>-</u> Accumulated	(, line 10. (d)Book value
		Description of property		C	ost or oth Investr)	ner bası		asıs	(c)depreciation	(d)book value
<b>1</b> a	Land						81	,780		81,780
b	Buildir	ngs 					73,470	,935	23,374,22	0 50,096,715
c	Leasel	hold improvements		. $\vdash$					· · ·	
		nent		. $\vdash$			9,779	,926	6,602,04	0 3,177,886
e	Other						1,108	,542	458,89	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

54,006,033

(a) Description of security or catego (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial derivatives			cost of end of year market var
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>.</b>		
Part VIII Investments—Program Related.	-	Doub IV lune dde	
Complete if the organization answer  (a) Description of investment	ed 'Yes' on Form 990, I	Part IV, line 11c. <sub>Se</sub> <b>(b)</b> Book value	(c) Method of valuation
			Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV , line	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line	
(a) De  (b) Must equal Form 990, Part X, col (B) lin	ntion answered 'Yes' on Folscription		(b) Book value
Other Assets. Complete if the organization (a) De (	ne 15 ) rganization answered 'Yes' on Followscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability	ntion answered 'Yes' on Folscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability	ntion answered 'Yes' on Folscription  me 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15 ) rganization answered 'Yes' on Followscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY	ntion answered 'Yes' on Folscription  me 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION	ntion answered 'Yes' on Folscription  me 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION  FINANCING OBLIGATION	rganization answered 'Yes' on Followscription  re 15 )	9 4	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Internal See Form 990, Part X, the Osee Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION  FINANCING OBLIGATION  CAPITAL LEASE PAYABLE	re 15 )	9 4 3	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	re 15 )	9 4 3	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Internal See Form 990, Part X, the Osee Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION  FINANCING OBLIGATION  CAPITAL LEASE PAYABLE	re 15 )	9 4 3	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Internal See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION  FINANCING OBLIGATION  CAPITAL LEASE PAYABLE	re 15 )	9 4 3	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Internal See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  ACCRUED PENSION LIABILITY  DEFERRED COMPENSATION  FINANCING OBLIGATION  CAPITAL LEASE PAYABLE	re 15 )	9 4 3	(b) Book value

Return Reference

PART III, LINE 1A

Schedule D (Form 990) 2015

1

2

46,370,661

а	Net unrealized gains (losses) on investments	2a	4,603,306		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	<b>2</b> c			
d	Other (Describe in Part XIII )				
		2d	-18,645,121		
e	Add lines 2a through 2d		 	2e	-14,041,815
3	Subtract line <b>2e</b> from line <b>1</b>	•	 •	3	60,412,476
4	A mounts 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			
b	Other (Describe in Part XIII )	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)	 	5	60,412,476
Part				s per	Return.
	Complete if the organization answered 'Yes' on Form 990,		 <u>2a.</u>	г г	
1	Total expenses and losses per audited financial statements		 	1	44,241,443
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2a			
	·	2a 2b		-	
а	Donated services and use of facilities	_		-	
a b	Donated services and use of facilities	2b	710,371	-	
b c	Donated services and use of facilities	2b 2c	 710,371	<b>2</b> e	710,371
a b c d	Donated services and use of facilities	2b 2c 2d	 	2e	710,371 43,531,072
a b c d e	Donated services and use of facilities	2b 2c 2d	 		· · · · · · · · · · · · · · · · · · ·
a b c d e	Donated services and use of facilities	2b 2c 2d	 		
a b c d e 3	Donated services and use of facilities	2b 2c 2d 	 	3	
a b c d e 3	Donated services and use of facilities	2b 2c 2d	 	3	
a b c d e 3 4	Donated services and use of facilities	2b 2c 2d 	18,645,121	3	· · · · · · · · · · · · · · · · · · ·

Explanation

CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS HELD

AS PART OF A COLLECTION FOR EDUCATION, RESEARCH, OR PUBLIC EXHIBITION PURPOSES RATHER THAN FOR SALE OR FINANCIAL GAIN ARE NOT RECOGNIZED OR

22

4 603 306

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

Total revenue, gains, and other support per audited financial statements .

CAPITALIZED

Amounts included on line 1 but not on Form 990, Part VIII, line 12

### DLN: 93493131046647

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

# Schools

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-F7. Department of the Treasury Internal Revenue

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

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

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Service Name of the organization Employer identification number MOUNT IDA COLLEGE 04-2104736 Part I YES NO 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? Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

Return Reference **Explanation** SCHEDULE E, PART I, LINE 3 MOUNT IDA COLLEGE IS COMMITTED TO A POLICY OF NON-DISCRIMINATION IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES, AND EMPLOYMENT PRACTICES IT IS THE POLICY OF THE COLLEGE NOT TO DISCRIMINATE ON

TELEVISED MEDIA SCHEDULE E, PART I, LINE 6

THE BASIS OF RACE, ETHNICITY, NATIONAL ORIGIN, SEXUAL ORIENTATION. COLOR, AGE, RELIGION, OR HANDICAP THIS POLICY IS STATED IN ALL PRINTED MATERIALS AND PROPERLY DISCLOSED ON BROADCAST AND THE COLLEGE RECEIVES GRANTS IN THE FORM OF FUNDS TO BE DISTRIBUTED FOR STUDENT FINANCIAL AID OR SUPPORT OF EDUCATIONAL

STUDY PROGRAM

PROGRAMS FROM THE FOLLOWING ORGANIZATIONS - SCHOLARSHIP PAYMENTS FROM VARIOUS STATE AGENCIES ON BEHALF OF STUDENTS -

UNITED STATES DEPARTMENT OF EDUCATION - STUDENT FINANCIAL

ASSISTANCE - CLUSTER - FEDERAL PELL GRANT PROGRAM - FEDERAL

SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS - FEDERAL WORK

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I (Form 990) Department of the Treasury Internal Revenue Service

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

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

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

Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493131046647

Open to Public Inspection

Schedule I (Form 990) 2015

ame of the organization						Employer identification	on number
IOUNT IDA COLLEGE						04-2104736	
Part I General Information	on Grants and	d Assistance				•	
<ul><li>Does the organization maintain rethe selection criteria used to awa</li><li>Describe in Part IV the organizat</li></ul>	ard the grants or as non's procedures fo	sistance? or monitoring the use	of grant funds in the Un	ited States			√ Yes No
Part III Grants and Other Assistan that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>Enter total number of section 50:</li><li>Enter total number of other organ</li></ul>	. , . ,	-				_	

Cat No 50055P

		•

Part IV

PROCEDURES IN BOOKING THE FUNDS ON FINANCIAL RECORDS

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

Return Reference Explanation PART I, LINE 2 THE COLLEGE'S DEPARTMENT OF FINANCIAL AID REVIEWS AND APPROVES THE PROCEDURES FOR MONITORING THE FUNDS THE CONTROLLER AND DIRECTOR OF STUDENT ACCOUNTS MONITOR THE USE OF GRANT FUNDS AND APPLY GENERAL ACCOUNTING

Schedule I (Form 990) 2015

**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.

2015

OMB No 1545-0047

DLN: 93493131046647

Open to Public Inspection

Department of the Treasury Internal Revenue Service

section 53 4958-6(c)?

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

Schedule J (Form 990)

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

	me of the organization JNT IDA COLLEGE			Employer identification	on nur	nber	
110	MI IDA COLLEGE			04-2104736			
Pa	rt I Questions Regarding Compensatio	n	-				
						Yes	No
La	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel		Housing allowance or residence for	r personal use			
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees			
	✓ Discretionary spending account		Personal services (e g , maid, chai	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do				1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe				2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all th used by a related organization to establish compens	hat apply	Do not check any boxes for metho	ds			
	▼ Compensation committee		Written employment contract				
	Independent compensation consultant	<b>✓</b>	Compensation survey or study				
	▼ Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, or a related organization	, Part VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control	payment	t?		4a		No
b	Participate in, or receive payment from, a suppleme	ntal none	qualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-b	ased cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of			any			
а	The organization?				5a		Νo
b	Any related organization?				5b		No
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		No
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			on-fixed	7		No
3	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III				8		No
•	If "Yes" on line 8, did the organization also follow th	ne rebutta	able presumption procedure describe	ed in Regulations			

Cat No 50053T

Schedule J (Form 990) 2015

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 BARRY BROWNPRESIDENT	(i)	390,082	10,000	12,000	13,250	20,589	445,921	0
	(ii)	0	0	0	0	0	0	0
2 RONALD AKIE VP FOR ACADEMIC AFFAIRS	(i)	230,777	0	0	11,522	19,203	261,502	0
	(ii)	0	0	0	0	0	0	0
3 JEFF CUTTING VP FOR ENROLLMENT MGT	(i)	148,386	0	0	7,000	18,723	174,109	0
	(ii)	0	0	0	0	0	0	0
4 SUZANNE GALLAGHER VP & GENERAL COUNSEL	(i)	149,678	0	0	6,548	18,893	175,119	0
	(ii)	0	0	0	0	0	0	0
5 JILL WIERBICKI ABRAHAMS	(i)	170,308	0	0	4,907	10,711	185,926	0
VP FOR ADVANCEMENT	(ii)	0	0	0	0	0	0	0
6 SHARON MCKECHNIE DEAN OF SCHOOL OF	(i)	146,225	0	0	7,284	7,080	160,589	0
BUSINESS & GRADUAT	(ii)	0	0	0	0	0	0	0
7 REEMA ZEINELDIN DEAN OF SCHOOL OF	(i)	126,922	0	0	6,620	18,922	152,464	0
APPLIED SCIENCES	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015 Page											
Part III Supplemental Information											
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information											
Return Reference Explanation											
Return Reference	Explanation										

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Schedule K (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

Employer identification number

	UNT IDA COLLEGE										p.o , cc				
10										04	-21047	36			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue p	orice	(f)	Descriptio	n of purpose	(g) De	efeased		(h) O n (i) Poehalf of finance		
												1	alf of uer	fina	incing
										Yes	No	Yes	No	Yes	No
	MASSACHUSETTS	04-3431814		05-10-2012	26,00	0,000	REFIN	NANCE OLD	DEBT, NEW	+ : : :	X	1.00	X		X
	DEVELOPMENT FINANCE				,	,			TRUCTION						
	AGENCY														
В	MASSACHUSETTS	04-3431814		02-13-2013	12,50	0.000	000 RENOVATE, EQUIP AND		+	X	$\vdash$	X		×	
-	DEVELOPMENT FINANCE	013131011		02 13 2013	12,50	0,000	FURNISH FACILITIES			^		^		^	
	AGENCY														
Pa	rt III Proceeds														
					1	Α			В		С			D	
1	A mount of bonds retired														
2	A mount of bonds legally defea	sed													
3	Total proceeds of issue					26,00	4 035		12,500,000						-
							<u> </u>		12,500,000						
4	Gross proceeds in reserve fur					454	54,239								
5	Capitalized interest from proc					10	6,685								
6	Proceeds in refunding escrows	s													
7	Issuance costs from proceeds					32	5,781		219,652						
8	Credit enhancement from prod	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds													
11	Other spent proceeds					25,20	7,330		12,280,348						
12	Other unspent proceeds			•											
13	Year of substantial completion	n			20	013		20	14						
					Yes	N	lo	Yes	No	Yes	ı	No	Yes	5	No
14	Were the bonds issued as par	t of a current refundır	ngıssue?		Х				Х						
15	Were the bonds issued as par	t of an advance refun	dıngıssue?			>	<		Х						
16	Has the final allocation of pro	ceeds been made?.			Х			Х							
17	Does the organization maintal allocation of proceeds?	·		ort the final	x			х							
Pa	t IIII Private Business L	Jse					Т					—			
						A		Y		<b>V</b>	<u>c</u>			<b>D</b>	
	Was the organization a partne	r in a narthership or	a member of an II	IC which owned	Yes	N		Yes	No	Yes		No	Yes	-	No
1	was the organization a partne		a member of all Li	LC, WITHCH OWNED		x			X						

Are there any lease arrangements that may result in private business use of bond-

Х

Χ

D

Ç

В

			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busines of bond-financed property?	ssuse		×		×				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other or counsel to review any management or service contracts relating to the financed	outside								
prop	'									
С	Are there any research agreements that may result in private business use of bon financed property?	ıd-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any research agreements relating to the financed property?	outside								
4	Enter the percentage of financed property used in a private business use by entitle other than a section $501(c)(3)$ organization or a state or local government					•		•		•
5	Enter the percentage of financed property used in a private business use as a resumble unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	on								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
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?	e		×		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispose	ed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations section 1 141-12 and 1 145-2?	ıs								
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?	d	Х		х					
Par	t IV Arbitrage									
	<del></del>	Α			В		С		D	
	Ye		No	Yes	No	Y		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	103	×				103	110
2	If "No" to line 1, did the following apply?								L	
	Rebate not due yet?		X	X						
b	Exception to rebate?				Х					
С	No rebate due?		Х		Х					
	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?		Х		×					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		×					
b	Name of provider									
С	Term of hedge								_	
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
	·			•	•		•	Cabaa	lule K (Form 9	200) 2015

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			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	vested in a guaranteed investment		X		х				
b	Name of provider									
С	Term of GIC									
d		harbor for establishing the fair market								
6	Were any gross proceed period?	s invested beyond an available temporary		x		x				
7	Has the organization est the requirements of sect	tablished written procedures to monitor tion 148?		X		×				
Par	t V Procedures To	Undertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	C Yes	No	D Yes	No
	Has the organization est that violations of federal and corrected through th	tablished written procedures to ensure I tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?		No		No		No		No
	Has the organization est that violations of federal and corrected through the self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if	Yes		Yes		Yes			No
	Has the organization est that violations of federal and corrected through the self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?	Yes		Yes		Yes			No
Pa SCHI COLU	Has the organization est that violations of federal and corrected through th self-remediation is not a irt VI Supplement	tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?	Yes  X Dation for resp Explanation SOF THE 2012 EDS OF THE IS	onses to que	Yes  X  estions on So  OND ISSUES ED IN PART I	chedule K (se	Yes			No

В

С

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Schedule L | Transactions with Inter

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

DLN: 93493131046647

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<u> 2015</u>

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the www.irs.gov/form990. Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization MOUNT IDA COLLEGE 04-2104736 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes

Part II Loans to and/or From Interested Persons.

### Complete if the organization answered "Yes" on Form 990-EZ, Part V , line 38a, or Form 990, Part IV , line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan to or from the organization	е	(e)O riginal principal amount	<b>(f)</b> Balance due			(h) Approved by board or committee?		<b>(i)</b> Writ agreem		
			То	From			Yes	No	Yes	No	Yes	No	
Γotal	•	<b>▶</b> \$			•				•	•	•	•	

# Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(-,	(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)

Page 2

Complete if the organization	n answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiz reven	: :ation's
				Yes	No
MARGULIES PERRUZZI ARCHITECTS (1) INC	TRUSTEE	66,416	ARCHITECT SERVICES	Yes	
(-)					
Part V Supplemental Information Provide additional information for		s on Schedule L (see ins	tructions)		·
Return Reference		Explanat	ion		

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# Supplemental Information to Form 990 or 990-EZ

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

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

DLN: 93493131046647 OMB No. 1545-0047

> 2015 Open to Public

> > Inspection

Service Name of the organization MOUNT IDA COLLEGE

Department of the

Internal Revenue

990-EZ)

Treasury

**Employer identification number** 04-2104736

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF THE CHAIR OF THE BOARD OF TRUSTEES, THE VICE CHAIR OF THE BOARD OF TRUSTEES BOTH AS EX-OFFICIO VOTING MEMBERS, AND THE PRESIDENT AS A NON-VOTING EX-OFFICIO MEMBER, AND NOT LESS THAN FIVE ADDITIONAL TRUSTEE MEMBERS, EXCEPT WHERE THE LARGER NUMBER IS REQUIRED BY THE LAW THE EXECUTIVE COMMITTEE MAY MAKE RULES FOR THE CONDUCT OF ITS BUSINESS, BUT UNLESS OTHERWISE PROVIDED BY THE TRUSTEES OR IN SUCH RULES, ITS BUSINESS SHALL BE CONDUCTED AS NEARLY AS MAY BE IN THE SAME MANNER AS IT PROVIDED IN THE BY-LAWS FOR THE TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE COLLEGE WHEN THE BOARD IS NOT IN SESSION, TO TRANSACT ALL BUSINESS AND ON BEHALF OF THE CORPORATION AND TO GIVE THE NECESSARY INSTRUCTIONS TO THE EXECUTIVE OFFICERS ON BEHALF OF THE BOARD AND AUTHORIZE ANY OF THE OFFICERS, ON BEHALF OF THE CORPORATION, TO SIGN, AFFIX THE CORPORATE SEAL TO, AND DELIVER ANY CONTRACTS, DEEDS, RELEASE, ASSIGNMENTS, OR OTHER INSTRUMENTS IN WRITING, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL HAVE NO POWER TO ALTER OR AMEND THE ARTICLES OF ORGANIZATION OF THE COLLEGE, TO AMEND THE BY-LAWS, TO AWARD OR CONFER DEGREES, TO CHANGE THE PRINCIPAL OFFICE OF THE CORPORATION, TO ELECT OFFICERS, TO FILL ANY VACANCY IN SUCH OFFICE OR REVERSE ANY PRIOR ACTION OF THE BOARD, TO REMOVE OFFICERS OR TRUSTEES FROM OFFICE, TO AUTHORIZE A MERGER OF THE CORPORATION, TO CHANGE THE NUMBER OF THE BOARD OF TRUSTEES OR TO FILL VACANCIES ON THE BOARD OF TRUSTEES, OR AS MAY OTHERWISE BE LIMITED LAW, THE BOARD OF TRUSTEES OF ORGANIZATION OR THESE BY-LAWS THE EXECUTIVE COMMITTEE SHALL REPORT TO THE BUSINESS AND AFFAIRS OF THE COLLEGE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE COLLEGE HAS A STRUCTURED REVIEW PROCESS OF THE FORM 990 THE FORM IS PREPARED BY THE INDEPENDENT AUDITOR USING INFORMATION GATHERED BY THE ACCOUNTING AND FINANCE TEAM FROM THE FINANCIAL RECORDS THAT HAVE BEEN AUDITED AND COMPILED FOR THE FISCAL YEAR END FINANCIAL STATEMENTS THE COLLEGE CONTROLLER ASSEMBLES THE INFORMATION AND GIVES IT TO THE INDEPENDENT AUDITORS THE INDEPENDENT AUDITORS PREPARE THE FORM 990 AND THERE IS A 2ND REVIEW BY THE VP, CFO & TREASURER AND PRESIDENT THE DRAFT FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE IN ORDER THAT A CONSCIENTIOUS REVIEW CAN BE UNDERTAKEN ONCE THE AUDIT COMMITTEE REVIEW IS COMPLETE, ACCESS TO THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD THROUGH A SECURE PORTAL OF THE COLLEGES WEBSITE ALLOWING TIME FOR QUESTIONS AND CONCERNS TO BE RAISED AND REVISIONS MADE PRIOR TO THE FILING DEADLINE IF THE BOARD HAS NO CHANGES, THE VP, CFO & TREASURER SIGNS THE DOCUMENT AND SENDS IT TO THE INDEPENDENT AUDITOR TO BE SUBMITTED TO THE IRS
	TINEASONET GIGING THE DOCCIVIENT AND SENDENT TO THE INDEPENDENT AUDITOR TO BE SUBMITTED TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE'S CONFLICT OF INTEREST POLICY COVERS TRUSTEES (INCLUDING EX-OFFICIO, HONORARY AND EMERITUS MEMBERS OF THE BOARD OF TRUSTEES), COMMITTEE MEMBERS AND EXECUTIVE OFFICERS ALL COVERED INDIVIDUALS ARE REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE TO THE FULL BOARD OF TRUSTEES IDENTIFYING POTENTIAL RELATIONSHIPS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST, WITH UPDATES TO THE DISCLOSURES IN THE EVENT OF CHANGED CIRCUMSTANCES POTENTIAL CONFLICTS ARE SUBJECT TO THE REVIEW AND APPROVAL OF THE BOARD OF TRUSTEES TO ENSURE THAT SUCH TRANSACTION OR RELATIONSHIP IS IN THE BEST INTERESTS OF THE COLLEGE AND COMPLIES WITH COLLEGE POLICY AND ALL APPLICABLE LEGAL AND ETHICAL GUIDELINES ANY COVERED INDIVIDUAL HAVING A PERSONAL INTEREST IN A GIVEN TRANSACTION OR OTHER RELATIONSHIP SHALL NOT PARTICIPATE IN THE DISCUSSION OF THAT TRANSACTION OR RELATIONSHIP, EXCEPT TO RESPOND TO QUESTIONS OR INQUIRIES FROM OR PROVIDE INFORMATION REQUESTED BY THE TRUSTEES OR OTHERS, SHALL SPECIFICALLY ABSTAIN FROM VOTING ON THE TRANSACTION OR RELATIONSHIP, AND SHALL NOT BE COUNTED TOWARDS A QUORUM FOR PURPOSES OF THE VOTE. THE EXECUTIVE COMMITTEE SHALL REPORT TO THE BOARD OF TRUSTEES PERIODICALLY, AND AT LEAST ANNUALLY, ON ALL NON-DE MINIMIS TRANSACTIONS AND OTHER FINANCIAL RELATIONSHIPS BETWEEN THE COLLEGE AND COVERED PERSONS SUCH REPORT SHALL INCLUDE A DESCRIPTION OF THE TRANSACTION OR RELATIONSHIP, THE FEES PAID OR RECEIVED BY THE COLLEGE (IF ANY), AND OTHER RELEVANT INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES APPROVES THE CONTRACT, IF ANY, AND ALL SALARY, INCENTIVES, BONUSES, LOANS, SUBSIDIES, IN-KIND BENEFITS, EXPENSE ALLOWANCES, PAYMENTS TO BENEFIT PLANS AND RETIREMENT PLANS, SEVERANCE PAYMENTS AND ARRANGEMENTS, AND ANY OTHER COMPENSATION, BENEFITS, PAYMENTS AND PERQUISITES, FOR OR OTHERWISE ON BEHALF OF THE PRESIDENT FROM OR ON BEHALF OF THE COLLEGE THE EXECUTIVE COMMITTEE ("THE COMMITTEE") IS RESPONSIBLE FOR THE ANNUAL REVIEW OF THE PRESIDENT'S COMPENSATION AND BENEFITS, FOLLOWING A PERFORMANCE REVIEW THE COMMITTEE MAY DELEGATE THE PERFORMANCE REVIEW PORTION OF THIS RESPONSIBILITY TO THE CHAIR OF THE BOARD OF TRUSTEES AND TWO OR MORE MEMBERS OF THE COMMITTEE CHANGES IN COMPENSATION OF THE PRESIDENT SHALL BE CONSISTENT WITH STANDARDS IN THE HIGHER EDUCATION COMMUNITY, WITH SPECIAL REFERENCE TO COMPARABLE INSTITUTIONS PROPOSED CHANGES, TOGETHER WITH THE COMMITTEES RECOMMENDATIONS, SHALL BE SUBMITTED TO THE BOARD OF TRUSTEES FOR APPROVAL THE COMMITTEE SHALL BE PROVIDED WITH COMPARATIVE DATA FROM NATIONAL OR STATEWIDE SURVEYS OF COMPARABLE INSTITUTIONS, OR FROM LOCAL COLLEGES REGARDED AS SIMILAR TO MOUNT IDA COLLEGE IN TERMS OF DEGREE OFFERINGS, ENROLLMENT AND BUDGET AS THE COMMITTEE MAY REQUIRE IN SATISFYING ITS RESPONSIBILITIES

Return Reference	Explanation
FORM 990, PART VI,	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
SECTION C, LINE 19	AVAILABLE TO THE PUBLIC UPON REQUEST ADDITIONALLY, THE COLLEGE'S FORM 990 IS MADE AVAILABLE ON THE
	MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND AT WWW GUIDESTAR ORG

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED PENSION LIABILITY -710,371