

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

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

C Name of organization: ENDICOTT COLLEGE
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 376 HALE STREET
 City or town, state or province, country, and ZIP or foreign postal code: BEVERLY, MA 01915

D Employer identification number: 04-2103567
E Telephone number: (978) 232-2384
G Gross receipts \$ 227,850,403

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

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

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

J Website: ▶ WWW.ENDICOTT.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1939 **M** State of legal domicile: MA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,465
6 Total number of volunteers (estimate if necessary)	6	220
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,687,580
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,689,363	9,794,195
9 Program service revenue (Part VIII, line 2g)	170,478,456	181,306,382
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,498,103	4,210,321
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,234,085	609,747
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,900,007	195,920,645
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	44,842,405	45,603,492
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,072,728	73,975,130
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,415,762		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,474,173	53,677,293
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	161,389,306	173,255,915
19 Revenue less expenses. Subtract line 18 from line 12	26,510,701	22,664,730

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	468,482,984	508,070,133
21 Total liabilities (Part X, line 26)	137,480,647	143,192,922
22 Net assets or fund balances. Subtract line 21 from line 20	331,002,337	364,877,211

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2024-05-09
 ANTHONY FERULLO VP OF FINANCE
 Type or print name and title

Paid Preparer Use Only

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 120,633,124 including grants of \$ 45,436,825) (Revenue \$ 168,655,955)

See Additional Data

4b (Code:) (Expenses \$ 7,018,837 including grants of \$ 0) (Revenue \$ 0)

See Additional Data

4c (Code:) (Expenses \$ 17,863,382 including grants of \$ 0) (Revenue \$ 166,275)

See Additional Data

(Code:) (Expenses \$ 6,384,639 including grants of \$ 166,667) (Revenue \$ 13,165,017)

CONFERENCE AND EDUCATION SERVICES/OTHER

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,384,639 including grants of \$ 166,667) (Revenue \$ 13,165,017)

4e Total program service expenses ▶ 151,899,982

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' box.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

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

Table with 4 columns: Question/Section, Input field, Yes/No, and other. Rows include 2a (1,465), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a, 14b, 15, 16, and 17 (Section 501(c)(21) organizations).

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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns (Question, Yes, No). Includes questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 10 main rows (10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns (Question, Yes, No). Includes questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANTHONY FERULLO 376 HALE STREET BEVERLY, MA 019152096 (978) 232-2384

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	26,519				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,207,488				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,560,188				
	g Noncash contributions included in lines 1a - 1f:\$	1g	304,340				
	h Total. Add lines 1a-1f			9,794,195			
	Program Service Revenue	2a TUITION AND FEES	Business Code 611710	126,160,395	126,160,395		
b RESIDENCE AND DINING		721000	42,495,560	42,495,560			
c CONFERENCE/EDUC/AUX. SERVICES		611710	10,275,921	663,450	9,612,471		
d PARKING FINES		900099	603,739	603,739			
e NURSING SCHOOL REVENUE		611710	500,000	500,000			
f All other program service revenue			1,270,767	1,270,767			
g Total. Add lines 2a-2f.			181,306,382				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,755,549		75,109	2,680,440	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	33,206,399				
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	31,751,627			
		c Gain or (loss)	7c	1,454,772			
	d Net gain or (loss)		1,454,772			1,454,772	
	8a Gross income from fundraising events (not including \$ 26,519 of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses	8b	107,013			
c Net income or (loss) from fundraising events			-71,118			-71,118	
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a PRIOR DEFERRED REVENUE		900099	489,538	489,538			
b BOOKSTORE COMMISSIONS		900099	120,209	120,209			
c							
d All other revenue			71,118	71,118			
e Total. Add lines 11a-11d			680,865				
12 Total revenue. See instructions			195,920,645	172,374,776	9,687,580	4,064,094	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	166,667	166,667		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,436,825	45,436,825		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,896,744	659,403	1,156,756	80,585
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	160,025	160,025		
7 Other salaries and wages	55,034,848	47,002,366	6,873,794	1,158,688
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,110,582	2,656,585	388,508	65,489
9 Other employee benefits	9,584,487	8,185,606	1,174,083	224,798
10 Payroll taxes	4,188,444	3,577,130	523,132	88,182
11 Fees for services (non-employees):				
a Management				
b Legal	285,059		285,059	
c Accounting	176,050		176,050	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	573,136		573,136	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,135,266	6,239,611	1,895,655	
12 Advertising and promotion	269,652	145,501	124,151	
13 Office expenses	3,486,148	2,296,262	468,694	721,192
14 Information technology	644,014	3,869	640,145	
15 Royalties				
16 Occupancy	4,397,758	4,211,968	143,091	42,699
17 Travel	1,361,023	1,160,150	200,873	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,339,461	3,196,866	134,039	8,556
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,045,072	9,616,147	403,352	25,573
23 Insurance	2,075,336	1,983,289	92,047	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	9,688,218	9,339,743	348,475	
b SERVICE/SUPP. CONTRACTS	4,600,163	1,958,305	2,641,858	
c SMALL/ NON-CAP. EQUIP	679,045	477,162	201,883	
d PRINTING/PUBLICATIONS	657,266	640,629	16,637	
e All other expenses	3,264,626	2,785,873	478,753	
25 Total functional expenses. Add lines 1 through 24e	173,255,915	151,899,982	18,940,171	2,415,762
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	33,219,382	1	24,027,033	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	948,971	3	3,748,182	
	4 Accounts receivable, net	4,739,280	4	5,424,222	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,091,673	9	1,354,503	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	436,760,295			
	b Less: accumulated depreciation	118,701,895	283,344,320	10c	318,058,400
	11 Investments—publicly traded securities	121,733,950	11	120,911,013	
	12 Investments—other securities. See Part IV, line 11	21,338,712	12	34,478,405	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	66,696	15	68,375	
16 Total assets. Add lines 1 through 15 (must equal line 33)	468,482,984	16	508,070,133		
Liabilities	17 Accounts payable and accrued expenses	10,767,490	17	11,805,387	
	18 Grants payable		18		
	19 Deferred revenue	10,518,066	19	10,812,760	
	20 Tax-exempt bond liabilities	81,081,479	20	70,947,422	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	30,500,108	23	46,673,204	
	24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,613,504	25	2,954,149		
26 Total liabilities. Add lines 17 through 25	137,480,647	26	143,192,922		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	311,885,023	27	340,696,274	
	28 Net assets with donor restrictions	19,117,314	28	24,180,937	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	331,002,337	32	364,877,211		
33 Total liabilities and net assets/fund balances	468,482,984	33	508,070,133		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,920,645
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,255,915
3	Revenue less expenses. Subtract line 2 from line 1	3	22,664,730
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	331,002,337
5	Net unrealized gains (losses) on investments	5	9,550,630
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,659,514
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	364,877,211

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2103567

Name: ENDICOTT COLLEGE

Form 990 (2022)

Form 990, Part III, Line 4a:

EDUCATION AND AUXILIARY SEE SCHEDULE O. *EDUCATION AND AUXILIARY*ENDICOTT'S UNDERGRADUATE COLLEGE OFFERS BACHELOR OF FINE ARTS, BACHELOR OF ART, AND BACHELOR OF SCIENCE DEGREES. TRADITIONAL UNDERGRADUATE ENROLLMENT FOR FALL 2022 WAS 2,988 STUDENTS. ENDICOTT'S GRADUATE AND VAN LOAN PROFESSIONAL STUDIES PROGRAMS GRANT ASSOCIATE IN ARTS, ASSOCIATE IN SCIENCE, BACHELOR OF ARTS, BACHELOR OF SCIENCE, MASTER OF ARTS, MASTER OF EDUCATION, MASTER OF SCIENCE, MASTER OF BUSINESS ADMINISTRATION, DOCTOR OF EDUCATION, DOCTOR OF NURSING PRACTICE, AND DOCTOR OF PHILOSOPHY DEGREES. ENROLLMENT IN THE GRADUATE AND VAN LOAN PROFESSIONAL STUDIES PROGRAMS WAS 1,178 STUDENTS AS OF FALL 2022, INCLUDING PROGRAMS IN BEVERLY, MASSACHUSETTS, MADRID, SPAIN, AND ONLINE. ENDICOTT COLLEGE'S ACADEMIC OFFERINGS PROVIDE UNDERGRADUATES WITH AN ENRICHING AND CHALLENGING EDUCATIONAL EXPERIENCE. STUDENTS SELECT FROM A BROAD ARRAY OF MAJOR AND MINOR PROGRAM OFFERINGS WHICH ARE AUGMENTED BY COURSEWORK IN THE LIBERAL ARTS AND REQUIRED EXPERIENTIAL LEARNING OPPORTUNITIES WITHIN THEIR PROFESSIONAL AREAS OF STUDY. OF THE TOTAL UNDERGRADUATE ENROLLMENT, NEARLY 87% LIVE ON CAMPUS. THE COLLEGE OFFERS A LARGE VARIETY OF RESIDENCE HALL OPTIONS, RANGING FROM TRADITIONAL TO APARTMENT-STYLE HOUSING. FACILITIES CONSIST OF CONVERTED MANSIONS, SMALL HOUSES, TOWNHOUSES, AND LARGER RESIDENCE HALLS. FOR THE FALL 2022 SEMESTER, 2,704 STUDENTS WERE RESIDENTIAL STUDENTS, INCLUDING 108 STUDENTS WHO WERE STUDYING ABROAD AND EXPECTED BACK IN THE SPRING SEMESTER. ALL RESIDENT STUDENTS ON CAMPUS MUST ENROLL IN ONE OF FOUR MEAL PLANS OFFERED DURING THE ACADEMIC YEAR. DINING OPTIONS INCLUDE A LARGE DINING HALL, TWO CAFES, AND A LODGE.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN R DISALVO PRESIDENT	60.00 0.00	X		X				573,317	0	182,377
THOMAS J ALEXANDER TRUSTEE	2.00 0.00	X						0	0	0
SAMUEL CABOT III TRUSTEE	2.00 0.00	X						0	0	0
NANCY KEEFE CLARKE TRUSTEE	2.00 0.00	X						0	0	0
JAMES DEMERS TRUSTEE	2.00 0.00	X						0	0	0
SUSAN DOWLING TRUSTEE	2.00 0.00	X						0	0	0
DR HARRY DUMAY TRUSTEE	2.00 0.00	X						0	0	0
F SAMUEL EBERTS III TRUSTEE	2.00 0.00	X						0	0	0
R ROBERT FANNING JR TRUSTEE	2.00 0.00	X						0	0	0
PETER FLAHERTY TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY FRATES TRUSTEE	2.00 0.00	X						0	0	0
ROBERT GORE TRUSTEE	2.00 0.00	X						0	0	0
MELISSA HEMPSTEAD TRUSTEE - CHAIR	2.00 0.00	X		X				0	0	0
RICHARD HUTCHINSON TRUSTEE	2.00 0.00	X						0	0	0
MARGARET JANES TRUSTEE	2.00 0.00	X						0	0	0
VIRGINIA JUDGE TRUSTEE	2.00 0.00	X						0	0	0
MICHELLE LABOSSIERE TRUSTEE - TREASURER	2.00 0.00	X		X				0	0	0
JOHN MACNEIL TRUSTEE - CLERK	2.00 0.00	X		X				0	0	0
MARSHA MCDONOUGH TRUSTEE	2.00 0.00	X						0	0	0
AYUNE MICHEL TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA MILLEY TRUSTEE (AS OF 10/2022)	2.00 0.00	X						0	0	0
JON PAYSON TRUSTEE	2.00 0.00	X						0	0	0
MICHAEL ROCKETT TRUSTEE	2.00 0.00	X						0	0	0
MYRT HARPER ROSE TRUSTEE	2.00 0.00	X						0	0	0
JOANNA SCHULMAN TRUSTEE	2.00 0.00	X						0	0	0
ELIZABETH SCHWARTZ TRUSTEE	2.00 0.00	X						0	0	0
DOUGLAS SEYMOUR TRUSTEE - VICE CHAIR	2.00 0.00	X		X				0	0	0
MICHAEL SHEEHAN TRUSTEE	2.00 0.00	X						0	0	0
STEVEN TADLER TRUSTEE (THRU 10/2022)	2.00 0.00	X						0	0	0
RAVI VIG TRUSTEE (AS OF 06/2023)	2.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHEILA WALSH TRUSTEE	2.00 0.00	X						0	0	0
ANTHONY FERULLO VP OF FINANCE & COO	60.00 0.00			X				293,726	0	71,037
SARA QUAY PROVOST	50.00 0.00				X			253,117	0	41,124
MEGHAN MONACO VP ADMISSIONS & FINANCIAL AID	50.00 0.00				X			159,270	0	20,810
BETH SCHWARTZ LIVINGSTON PROVOST (THRU 07/2022)	50.00 0.00				X			633,874	0	31,573
BRYAN CAIN VP OF DIV. OF STUDENT & EXT. ENG.	40.00 0.00					X		216,801	0	49,557
PATRICK HEWETT VP INSTITUTIONAL ADVANCEMENT	40.00 0.00					X		220,613	0	49,870
BRIAN WYLIE ASST VP/DIRECTOR OF ATHLETICS	40.00 0.00					X		189,387	0	55,841
BRANDI JOHNSON VP AND CHIEF DIVERSITY OFFICER	40.00 0.00					X		186,769	0	44,397
RICHARD GAGNON DIRECTOR OF FACILITIES	40.00 0.00					X		177,606	0	45,047

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN BARNES FORMER PROVOST	0.00 0.00						X	125,000	0	4,531

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 Portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 781,099,453
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 67.850 %
Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 15 65.040 %

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING EVENTS - 2018 AMOUNT: \$ 73,634. 2019 AMOUNT: \$ 41,213. 2020 AMOUNT: \$ 30,855. 2021 AMOUNT: \$ 52,945. 2022 AMOUNT: \$ 107,013. OTHER MISCELLANEOUS - 2018 AMOUNT: \$ 561,772. 2019 AMOUNT: \$ 415,237. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. RETAINED DEPOSITS - 2018 AMOUNT: \$ 77,713. 2019 AMOUNT: \$ 86,250. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. VENDING COMMISSIONS - 2018 AMOUNT: \$ 78,799. 2019 AMOUNT: \$ 15,354. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. BOOKSTORE COMMISSION - 2018 AMOUNT: \$ 52,667. 2019 AMOUNT: \$ 89,247. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization ENDICOTT COLLEGE

Employer identification number 04-2103567

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	119,158,127	129,111,878	97,315,820	95,672,750	88,721,853
b Contributions	4,963,113	1,487,216	2,341,045	3,050,263	3,334,842
c Net investment earnings, gains, and losses	11,005,403	-11,049,832	29,836,330	-1,126,850	3,924,956
d Grants or scholarships	303,197	391,135	381,317	280,343	308,901
e Other expenditures for facilities and programs	4,159,653				
f Administrative expenses					
g End of year balance	130,663,793	119,158,127	129,111,878	97,315,820	95,672,750

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 88.120 %
 - b** Permanent endowment ▶ 9.500 %
 - c** Term endowment ▶ 2.380 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,884,132		10,884,132
b Buildings		392,765,721	92,913,911	299,851,810
c Leasehold improvements				
d Equipment		31,074,409	23,992,590	7,081,819
e Other		2,036,033	1,795,394	240,639
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				318,058,400

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	17,801,020	F
(B) PRIVATE EQUITY	16,677,385	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	34,478,405	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY - INTEREST RATE SWAPS	2,129,979
REFUNDABLE ADVANCES - US GOV'T	824,170
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,954,149

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	161,120,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,550,630
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,550,630
3	Subtract line 2e from line 1	3	151,570,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	573,136
b	Other (Describe in Part XIII.)	4b	43,777,311
c	Add lines 4a and 4b	4c	44,350,447
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	195,920,645

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

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

1	Total expenses and losses per audited financial statements	1	127,245,954
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	127,245,954
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	573,136
b	Other (Describe in Part XIII.)	4b	45,436,825
c	Add lines 4a and 4b	4c	46,009,961
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	173,255,915

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2103567

Name: ENDICOTT COLLEGE

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	<p>COLLECTIONS OF ART ENDICOTT COLLEGE DOES NOT HAVE A SEPARATE ART COLLECTION REPORTED IN THE FINANCIAL STATEMENT. HOWEVER, ENDICOTT'S HALLE LIBRARY HOUSES COLLECTIONS OF BOOKS, PERIODICALS, AND OTHER REFERENCE MATERIALS. THE ENDICOTT COLLEGE ARCHIVES ARE ALSO A PART OF HALLE LIBRARY. THE PURPOSE OF THE ARCHIVES IS TO PRESERVE AND INTERPRET THE HISTORY OF THE COLLEGE. THIS IS ACCOMPLISHED THROUGH A PERMANENT COLLECTION THAT INCLUDES, BUT IS NOT LIMITED TO, ARCHIVAL DOCUMENTS THAT CHRONICLE THE DEVELOPMENT OF THE COLLEGE, PHOTOGRAPHS, EPHEMERA, ORAL HISTORY, AND ARTIFACTS. THE ARCHIVES ENHANCE THE APPRECIATION AND UNDERSTANDING OF ENDICOTT COLLEGE'S HERITAGE, PRESERVING DOCUMENTATION OF THE EVOLUTION AND GROWTH OF THE INSTITUTION AND THE INFLUENCE THE INSTITUTION HAS WITHIN THE EXTENDED COMMUNITY. PART V, LINE 2: ENDOWMENT FUNDS ENDICOTT COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2023 AUDITED FINANCIAL STATEMENTS CLASSIFY THE NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF PART V, LINE 2, ENDICOTT COLLEGE HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT, RESPECTIVELY.</p>

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	<p>ENDICOTT'S ENDOWMENT INCLUDES 144 FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING SC HOLARSHIPS, ACADEMIC PROGRAMS, AND ASSISTANCE TO STUDENTS WITH DISABILITIES. FUNDS RESTRIC TED TO SCHOLARSHIPS ARE AWARDED BASED ON A COMBINATION OF FINANCIAL NEED AND OTHER DONOR-S PECIFIED CRITERIA. APPROXIMATELY 90% OF THE ENDOWMENT IS UNRESTRICTED. INCOME AND DIVIDEND S ARE REINVESTED, AND APPROPRIATIONS (DRAWS) ARE MADE ONLY FOR DONOR-STIPULATED PURPOSES; THAT AMOUNT IS TYPICALLY LESS THAN 1% OF THE ENDOWMENT. GENERALLY, THE MAXIMUM DRAW IS NO GREATER THAN 5% OF THE AVERAGE FAIR VALUE OF EACH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT. I N 2023 THE AMOUNT APPROPRIATED WAS \$303,197 ENDICOTT EXPECTS THE CURRENT SPENDING POLICY T O ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER BY GROWING AT A RATE GREATER THAN P LANNED PAYOUTS. THE COLLEGE TRANSFERS OPERATING FUNDS ON AN ANNUAL BASIS IN ORDER TO HELP BUILD THE ENDOWMENT. IN FISCAL 2023 A TOTAL OF APPROXIMATELY \$500,000 WAS ADDED.</p>

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CHANGES IN LIABILITY FOR INTEREST SWAP -1,659,514. SCHOLARSHIPS 45,436,825.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 45,436,825.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990EZ for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I

		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	
<hr/> <hr/> <hr/>			
4 Does the organization maintain the following?			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Yes	
<hr/> <hr/> <hr/>			
5 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	5a		No
b Admissions policies?	5b		No
c Employment of faculty or administrative staff?	5c		No
d Scholarships or other financial assistance?	5d		No
e Educational policies?	5e		No
f Use of facilities?	5f		No
g Athletic programs?	5g		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		No
<hr/> <hr/> <hr/>			
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b		No
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	3			17,683,398
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	3			17,683,398

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 04-2103567

Name: ENDICOTT COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	STUDY ABROAD	3,850,078
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		13,833,320

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		ENDICOTT GOLF TOURN. (event type)	GULL GOLF TOURN. (event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	68,103	55,438	9,991	133,532
2	Less: Contributions	16,228	10,291	0	26,519
3	Gross income (line 1 minus line 2)	51,875	45,147	9,991	107,013
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	45,122	39,041	0	84,163
	7 Food and beverages	0	0	28,927	28,927
	8 Entertainment				
	9 Other direct expenses	13,802	38,437	12,802	65,041
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				178,131
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-71,118

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ENDICOTT COLLEGE

Employer identification number

04-2103567

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) CITY OF BEVERLY, 115, 166,667, 0, GENERAL SUPPORT.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	3014	45,436,825	0		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
		No								
		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
		No								
		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	<p>FIRST-CLASS TRAVEL IN 2022, THE PRESIDENT TRAVELED FIRST CLASS PER THE TERMS OF HIS CONTRACT. HOUSING ALLOWANCE STEVEN DISALVO LIVED IN ON-CAMPUS HOUSING FOR THE CONVENIENCE OF ENDICOTT COLLEGE AND THE HOUSING IS THEREFORE NOT TAXABLE. THE RESIDENCE IS USED EXTENSIVELY FOR COLLEGE FUNCTIONS. THE VALUE OF THE HOUSING ALLOWANCE IS INCLUDED IN SCHEDULE J, PART II UNDER COLUMN (D) NONTAXABLE BENEFITS. SOCIAL DUES ENDICOTT COLLEGE PAYS CLUB MEMBERSHIP DUES ON BEHALF OF THE PRESIDENT. THE MEMBERSHIP DUES ARE CONSIDERED TAXABLE COMPENSATION TO THE PRESIDENT AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(III). TRAVEL FOR COMPANIONS IN 2022, THE PRESIDENT'S SPOUSE TRAVELED WITH HIM FOR BUSINESS PURPOSES. THIS TRAVEL WAS NOT INCLUDED IN TAXABLE COMPENSATION.</p>

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	LINE 4A ONE LISTED INDIVIDUAL SEPARATED FROM THE COLLEGE AND RECEIVED SEVERANCE DURING CALENDAR YEAR 2022. THIS AMOUNT IS INCLUDED ON SCHEDULE J, PART II, COLUMN B(III). A SECOND LISTED INDIVIDUAL SEPARATED FROM THE COLLEGE IN 2020 AND CONTINUED TO RECEIVE SEVERANCE THROUGH CALENDAR YEAR 2022. THIS AMOUNT IS INCLUDED ON SCHEDULE J, PART II, COLUMN B(III). LINE 4B THE PRESIDENT PARTICIPATES IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN. AMOUNTS ACCRUED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	NON-FIXED PAYMENTS PURSUANT TO TERMS OF HIS EMPLOYMENT AGREEMENT, THE PRESIDENT MAY RECEIVE A BONUS SUBJECT TO THE APPROVAL OF A COMMITTEE OF THE BOARD OF TRUSTEES. CERTAIN LISTED INDIVIDUALS RECEIVED A ONE TIME BONUS RELATED TO THE IMPLEMENTATION OF A PROJECT APPROVED BY MANAGEMENT AND THE BOARD OF TRUSTEES.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2022

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	3,303,741		7,125,000		1,689,506		1,590,770	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	18,000,000		32,625,000		25,900,000		8,893,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			176,038		196,618		68,832	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	18,000,000				25,703,382			
11	Other spent proceeds			32,448,962				8,824,618	
12	Other unspent proceeds								
13	Year of substantial completion	2015		2017		2019		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X	X			X	X	
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

OMB No. 1545-0047 2022 Open to Public Inspection

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

Name of the organization ENDICOTT COLLEGE

Employer identification number 04-2103567

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SAMUEL ALEXANDER	FAM MEMBER-TRUSTEE	160,025	FACULTYCOMP		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	304,340	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ENDICOTT COLLEGE

Employer identification number
04-2103567

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	<p>ORGANIZATION'S MISSION SHAPED BY A BOLD AND ENTREPRENEURIAL SPIRIT, ENDICOTT COLLEGE OFFER S STUDENTS A VIBRANT ACADEMIC ENVIRONMENT THAT REMAINS TRUE TO ITS FOUNDING PRINCIPLE OF INTEGRATING PROFESSIONAL AND LIBERAL ARTS WITH EXPERIENTIAL LEARNING, INCLUDING INTERNSHIP OPPORTUNITIES ACROSS DISCIPLINES. THE COLLEGE FOSTERS A SPIRIT OF EXCELLENCE BY CREATING A CHALLENGING YET SUPPORTIVE ENVIRONMENT IN WHICH STUDENTS ARE ENCOURAGED TO TAKE INTELLECTUAL RISKS, PURSUE SCHOLARLY AND CREATIVE INTERESTS, CONTRIBUTE TO THE COMMUNITY, AND EXPLORE DIVERSE CAREER PATHS. ENDICOTT IS COMMITTED TO SUPPORTING THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ITS STUDENTS, PREPARING THEM TO ASSUME MEANINGFUL ROLES WITHIN THE GREATER COMMUNITY BOTH DOMESTICALLY AND INTERNATIONALLY. ENDICOTT COLLEGE IS COMMITTED TO PROVIDING AN EDUCATIONAL EXPERIENCE THAT WILL ENCOURAGE STUDENTS TO VIEW THE CONCEPT OF DIVERSITY FROM A VARIETY OF PERSPECTIVES IN ORDER TO FOSTER UNDERSTANDING AND ULTIMATELY GREATER RESPECT AND ACCEPTANCE AMONG INDIVIDUALS. EMBRACING DIVERSITY MEANS UNDERSTANDING AND RESPECTING OUR INDIVIDUAL DIFFERENCES, WHICH INCLUDES THE DIMENSIONS OF RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, SOCIO-ECONOMIC STATUS, AGE, DIFFERING ABILITIES (E.G. PHYSICAL, EMOTIONAL, AND COGNITIVE), RELIGIOUS AND POLITICAL BELIEFS. CENTRAL TO THE EXPLORATION OF THE DIFFERENCES AND SIMILARITIES AMONG INDIVIDUALS IS THE NEED TO OFFER A SAFE, POSITIVE, AND SUPPORTIVE ENVIRONMENT. THE GOAL IS TO REACH A GREATER UNDERSTANDING OF EACH OTHER AND TO MOVE BEYOND SIMPLE TOLERANCE TO EMBRACING AND CELEBRATING THE RICH DIMENSIONS OF DIVERSITY CONTAINED WITHIN EACH INDIVIDUAL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4:	<p>PROGRAM SERVICE ACCOMPLISHMENTS ENDICOTT COLLEGE WAS RANKED IN THE TOP TIER OF NORTHERN REGIONAL UNIVERSITIES AT #41 OF 166 INSTITUTIONS IN THE 2023 U.S. NEWS AND WORLD REPORT BEST COLLEGES RANKINGS. THE COLLEGE WAS RECOGNIZED AS A LEADER IN SEVERAL OTHER CATEGORIES PUBLISHED BY U.S. NEWS, INCLUDING "BEST COLLEGES FOR VETERANS", "CO-OPS/INTERNSHIPS", "BEST VALUE SCHOOLS", "TOP PERFORMERS IN SOCIAL MOBILITY AND "BEST UNDERGRADUATE TEACHING PROGRAMS". IN FISCAL 2023, THE OFFICE OF ADMISSION RECEIVED 5,688 APPLICATIONS FOR TRADITIONAL UNDERGRADUATE STUDENTS IN FALL 2022, ACCEPTED 72% OF THE APPLICANTS, AND ENROLLED 23% OF THOSE ACCEPTED FOR ADMISSION. THE COLLEGE AWARDED 49 ASSOCIATE DEGREES, 753 BACHELOR DEGREES, 397 MASTERS' DEGREES, 23 GRAD LEVEL CERTIFICATES AND 13 DOCTORAL DEGREES IN ACADEMIC YEAR 2022-2023. OUR GRADUATES HAD A FIRST-TIME PASS RATE ON EXTERNAL EXAMINATIONS AS FOLLOWS: 69% FOR ATHLETIC TRAINING, 91% FOR UNDERGRADUATE NURSING, AND A FINAL PASS RATE OF 80% FOR GRADUATE NURSING AND 91% FOR THE TITLE II EDUCATOR'S EXAMS. EXTERNAL LICENSURE FOR THESE PROGRAMS IS ASSESSED BY THE NATA BOARD OF CERTIFICATION LICENSURE, NATIONAL COUNCIL LICENSURE EXAMINATION, AMERICAN ASSOCIATION OF NURSE PRACTITIONERS AND THE MASSACHUSETTS DEPARTMENT OF EDUCATION LICENSURE RESPECTIVELY. ENDICOTT'S RETENTION RATE OF FRESHMAN ENTERING 2022 AND RETURNING 2023 WAS 87%. THE SIX YEAR GRADUATION RATE FOR FRESHMAN ENTERING 2017 WAS 75%. OF THE 2022 GRADUATES WHO RESPONDED TO CAREER SURVEYS, 99% REPORTED THAT THEY WERE EITHER EMPLOYED, CONTINUING EDUCATION, VOLUNTEERING, SERVING IN THE MILITARY, OR SELF-EMPLOYED WITHIN 12 MONTHS OF GRADUATION. 77% WERE EMPLOYED FULL-TIME. 94% OF THOSE WERE IN EMPLOYMENT RELATED TO THEIR MAJOR, AND 30% FOUND EMPLOYMENT THROUGH A FORMER INTERNSHIP SITE OR CONTACT. COMMUNITY SERVICE IS EMBRACED AT ENDICOTT, WITH 50% OF THE ENDICOTT STUDENT BODY PARTICIPATING IN COMMUNITY SERVICE, FOR A TOTAL OF 15,037 COMMUNITY SERVICE HOURS PERFORMED BY 1,490 STUDENTS. THE STATE AND NATIONAL AVERAGE IS 39.1% AND 23.2%, RESPECTIVELY.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION POLICY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR DUE DILIGENCE OF THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT'S COMPENSATION TO ASSURE THAT ENDICOTT COMPLIES WITH IRS REQUIREMENTS FOR NOT-FOR-PROFIT COMPENSATION. THE COMMITTEE REVIEWS AND DISCUSSES COMPENSATION OF COMPARABLE JOBS IN COMPARABLE COLLEGES AND UNIVERSITIES IN THE BOSTON AREA AND NEW ENGLAND. THE PRESIDENT IS COMPENSATED IN ACCORDANCE WITH A MULTI-YEAR COMPENSATION PLAN THAT IS BASED UPON RESEARCH ON COMPENSATION AWARDED TO PRESIDENTS IN SIMILAR INSTITUTIONS, TOGETHER WITH AN APPRAISAL OF THE PRESIDENT'S PERFORMANCE. THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS. THE CONCLUSIONS AND RECOMMENDATIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED REGULARLY BY THE FULL BOARD. THE MEMBERSHIP OF THE COMPENSATION COMMITTEE IS FREE OF CONFLICT OF INTEREST IN DETERMINING COMPENSATION. THE COMMITTEE ALSO REVIEWS AND GUIDES MANAGEMENT WITH RESPECT TO IMPLEMENTATION OF THE COMPENSATION POLICY FOR ALL OTHER EMPLOYEES. SALARIES ARE REVIEWED AND ADJUSTED ANNUALLY, BASED ON PERFORMANCE (AS MEASURED IN AN ANNUAL PERFORMANCE REVIEW) AND CHANGES IN RESPONSIBILITY. MINUTES OF COMPENSATION COMMITTEE MEETINGS ARE DOCUMENTED. AN INDEPENDENT COMPENSATION CONSULTANT WAS ENGAGED IN MARCH 2023 TO COMPLETE AN EXECUTIVE COMPENSATION SURVEY.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE ON INTEREST RATE SWAP AGREEMENT 1,659,514.