Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

A F	For the	e 2017	calendar year, or tax year beginning $07/01$, 2017, ar	nd ending		06	5/30, 20 18
_			C Name of organization		D Employer id	dentifica	ation number
В	Check if a	pplicable:	BABSON COLLEGE		04-21	0354	4
	Addre		Doing business as				
	7	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone	number	
	Initial	return	231 FOREST STREET		(781) 2	39 – 5	5298
	Final termi	return/	City or town, state or province, country, and ZIP or foreign postal code				
	Amer	ided	BABSON PARK, MA 02457-0310		G Gross recei	pts \$	359,403,002.
		cation	F Name and address of principal officer: KERRY HEALEY		H(a) Is this a g	roup retu	ırn for Yes X No
	perior	rig	231 FOREST STREET BABSON PARK, MA 02457		subordina H(b) Are all sub		ncluded? Yes No
П	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No,"	attach a	list. (see instructions)
J	Websi	te: ►	WWW.BABSON.EDU		H(c) Group ex	emption n	number
ĸ	Form	of organ	nization: X Corporation Trust Association Other	L Year of form	nation: 1919	 ∕I State	of legal domicile: MA
	art I		ımmary	I	I		
			y describe the organization's mission or most significant activities: SEE SCH	EDULE O			
ą	-	2,					
anc							
ern	2	Check	this box if the organization discontinued its operations or disposed	of more than 25	5% of its net ass	ets	
Activities & Governance			er of voting members of the governing body (Part VI, line 1a)			1 1	41.
<u>«</u>	4		er of independent voting members of the governing body (Part VI, line 1b)				39.
ies	5		number of individuals employed in calendar year 2017 (Part V, line 2a)				2,558.
Ξ	6		number of volunteers (estimate if necessary)				3,048.
Act	72		unrelated business revenue from Part VIII, column (C), line 12				849,337.
	1		nrelated business taxable income from Form 990-T, line 34				-214,963.
_		ivet ui	inclated business taxable mount offit 550-1, line 54		Prior Year	110	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		27,601,0	188	46,246,422.
Revenue	9		am service revenue (Part VIII, line 2g)		210,555,9		223,108,885.
, ve	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		9,413,7		13,538,818.
æ	11		revenue (Part VIII, column (A), lines 5, 4, and 7d)		3,510,5		3,588,698.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		251,081,5		286,482,823.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		42,127,0		45,146,310.
	14		its paid to or for members (Part IX, column (A), line 4)		12/12//	0.	0.
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		117,891,9		121,797,069.
Expenses	163		es, other compensation, employee benefits (Part IX, column (A), lines 3-10).		11,,001,0	0.	0.
ben	l l l		fundraising expenses (Part IX, column (A), line 25) 8,224,389.				<u> </u>
Ĕ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,775,5	566	84,507,346.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		243,794,6		251,450,725.
			nue less expenses. Subtract line 18 from line 12		7,286,9		35,032,098.
-Se		Kevei	tue less expenses. Subtract line 10 Hom line 12		ginning of Currer		End of Year
ets (20	Total	cocata (Part V. lina 16)	— <u> </u>	678,881,7		779,723,786.
Asse Bala	21		assets (Part X, line 16)		230,591,1		268,196,673.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.		448,290,6		511,527,113.
	rt II		gnature Block		110,250,0	, 10.	311,327,113.
			of perjury, I declare that I have examined this return, including accompanying schedules	and statements	and to the hest	of my	knowledge and helief it is
tru	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.		
Sig	jn 💮		Signature of officer		Date		
He	re		·				
			Type or print name and title				
_			Type preparer's name Preparer's signature	Date	Check	if I	PTIN
Paid	d		N COUTURE WE ORIVE	04/17/2019		 - ''	
Pre	parer			1 ,==	Firm's EIN		390592
Use	Only		s address >101 SEAPORT BOULEVARD BOSTON, MA 02210				-530-5000
Ma	v the		iscuss this return with the preparer shown above? (see instructions).		Phone no.		
_			Reduction Act Notice, see the separate instructions.	<u> </u>		• • •	Yes X No Form 990 (2017)
. 01	. apc	. 44 OIK	moduomon Aut Munice, dee ine deparate IIIdii UuliUIId.				1 01111 3 3 4 (2017)

	n 990 (201				Page Z
Pa	art III	Statement of Program Service Acco		4 III	
4	Priofly d	Check if Schedule O contains a responsible the organization's mission:	onse or note to any line in this Par	(
1	•	escribe the organization's mission. I COLLEGE EDUCATES ENTREPRE	NEIDTAI IEADEDO WUO OD	EATE CREAT	
		IC AND SOCIAL VALUE EVERYN		EATE GREAT	
	Did the	organization undertake any significant	program services during the ve	ar which were not listed on the	
	prior Fo	m 990 or 990-EZ? describe these new services on Sched			Yes X No
3	services'	organization cease conducting, or ?describe these changes on Schedule C			Yes X No
4	Describe expense	e the organization's program service s. Section 501(c)(3) and 501(c)(4) o expenses, and revenue, if any, for eac	accomplishments for each of i rganizations are required to rep		
4a	(Code: _BABSON) (Expenses \$ 217,164,7 I COLLEGE ENROLLS APPROXIMA	60. including grants of \$ 45, TELY 2,342 UNDERGRADUA		,108,885)
		TE STUDENTS FROM THE UNITE			
		LIES WORLDWIDE. THE COLLEGE			
		L ARTS, AND IT GRANTS THE			
		DERGRADUATE PROGRAM. THE C SS ADMINISTRATION DEGREES			
		S THROUGH THE F.W.OLIN GRA			
		E. ADDITIONALLY, BABSON OF			
		MS TO HELP COMPANIES REACH			
				<u>*</u>	
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	ogram services (Describe in Schedule	0.)		
	(Expens	-	-)	
_	` .		,164,760.		
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	070	BDA R19U			

Form 990 (2017) Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII. **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Part IV Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.......... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year X 24c Χ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance 478 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 41			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record RICHARD BOWMAN 231 FOREST STREET BABSON PARK, MA 02457-0310 781-239-5298	s:►		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	(C) Position of check more than one unless person is both an rand a director/trustee) Officer Pomployee Pom		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		e e	ıstee			ensated			
(1)MICHAEL ANGELAKIS	1.20								
TRUSTEE (UNTIL 1/18)	0.	Х					0.	0.	0.
(2)CHRISTINE ANGELAKIS	1.20								
TRUSTEE (START 10/17)	0.	Х					0.	0.	0.
(3)THE HONOR. CRAIG BENSON	1.20								
VICE CHAIR, BOARD OF TRUSTEE	0.	Х		Х			0.	0.	0.
(4)ETTORE V. BIAGIONI	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(5)KHALED BICHARA	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(6)HOWARD BROWN	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(7)MARLA M. CAPOZZI	1.20								
CHAIR, BOT (START 10/17)	1.20	Х		Χ			0.	0.	0.
(8) PAUL W. CHISHOLM	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(9)SAID DARWAZAH	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(10)WARREN CROSS	1.20								
VICE CHAIR, BOT (START 10/17)	1.20	X		Χ			0.	0.	0.
(11)RICHELIEU DENNIS	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(12)DEBORAH DESANTIS	1.20								
TRUSTEE	0.	Х					0.	0.	0.
(13)GARY T. DICAMILLO	1.20								
TRUSTEE	0.	X					0.	0.	0.
(14)CRAIG M. DONALDSON	1.20								
TRUSTEE	0.	X					0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	,	not ch		tion more	than or		(D) Reportable compensation from	(E) Reporta compensati relate	on from	an	(F) stimated nount of other	
	hours for related organizations below dotted line)	office Individual trustee or director				Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro org and	pensation the anization direlated anization	on d
15) HARISH M FABIANI	1.20										0		
TRUSTEE	0.	X		\dashv				0.			0.		
16) FRANK M. FISCHER	1.20	3.5						0					^
TRUSTEE 17) SHATIEK GATLIN	1.20	X		\dashv				0.		0.			0.
TRUSTEE (START 10/17)	0.	Х						0.		0.			0.
18) THOMAS F. GILBANE, JR.	1.20	Λ						0.		0.			
TRUSTEE	0.	Х						0.		0.			0.
19) BRETT A GORDON	1.20	- 1		\dashv				0.		0.			
TRUSTEE	0.	Х						0.		0.			0.
20) LEONARD GREEN	1.20	21		\dashv				0.					
TRUSTEE (UNTIL 10/17)	0.	Х						0.		0.			0.
21) DR. KERRY HEALEY	40.00			1				<u> </u>			0.		
TRUSTEE/PRESIDENT	20.00	Х		$_{\rm X}$				754,239.		0.	0. 60,56		
22) JAMES HERBERT II	1.20							70172071					
TRUSTEE	0.	Х						0.		0.			0.
23) BRUCE T. HERRING	1.20												
VICE CHAIR, BOARD OF TRUSTEES	0.	Х		х				0.		0.			0.
24) JOHN JOHNSON	1.20												
TRUSTEE	0.	Х						0.		0.			0.
25) FRED S.C. KIANG	1.20												
TRUSTEE	0.	Х						0.		0.			0.
1b Sub-total							•	0.		0.			0.
c Total from continuation sheets to Part VII, S							•	6,579,376.		0.	7	58,4	09.
d Total (add lines 1b and 1c)	_						▶	6,579,376.		0.	7	58,4	09.
2 Total number of individuals (including but not	limited to tl	nose	listed	l ab	ove)) who	re	ceived more than	\$100,000	of			
reportable compensation from the organization	n ▶	304	1										
												Yes	No
3 Did the organization list any former offic													
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	al .							3	X	
4 For any individual listed on line 1a, is the sorganization and related organizations great in the sorganization and related organizations.	eater than	\$15	0,00	0?	If	"Yes,	," (complete Schedu	le J for	such		v	
individual													
for services rendered to the organization? If "Ye	for services rendered to the organization? If "Yes," complete Schedule J for such person												
Section B. Independent Contractors								h . 4	41	2.000			
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A)				-		_		(B)			(C)		
Name and business address Description of services Compensation													
л тт л Симент 1							1						_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 324

Page 8

Part VII Section A. Officers, Directors, 7	Trustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employe	es (c	ontinue		Page
(A)	(B)		•		C)			(D)	(E)	Ť		(F)	
Name and title	Average hours per week (list any	box,	unle	heck ss pe	erson	e than c is both tor/trust	an	Reportable compensation from	Reportable compensation related	from	am	timated nount o	f
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M	2/1099-MISC)		pensation the anization trelated in ization	on d
26) JOHN KLUGE JR.	1.20												_
TRUSTEE (START 10/17)	0.	X						0.		0.			0
27) CARMELLA KLETJIAN 	1.20							_		_			_
TRUSTEE	0.	X						0.		0.			0
28) DAVID F. LAMERE	1.20	1											
TRUSTEE	0.	X						0.		0.			0
29) SUCHITRA LOHIA	1.20							_		_			_
TRUSTEE	0.	X						0.		0.			0
30) MICHAEL S. LORBER	1.20							_		_			_
TRUSTEE	0.	X						0.		0.			0
31) MANOJ NARENDER MADNANI	1.20	1											
TRUSTEE	0.	X						0.		0.			0
32) CARLOS MATTOS	1.20												
TRUSTEE (UNTIL 6/15/18)	0.	Х						0.		0.			0
33) JEFFREY J MCLANE	1.20												
TRUSTEE	0.	Х						0.		0.			0
34) RAMON MENDIOLA	1.20												
TRUSTEE	0.	X						0.		0.			0
35) DR. RICHARD K. MILLER	1.20												
TRUSTEE	0.	Х						0.		0.			0
36) JEFFERY PERRY	1.20												
TRUSTEE	0.	Х						0.		0.			C
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organization).	Section A ot limited to t		liste				> > o re	eceived more than	\$100,000 of				
reportable compensation from the organizat	IIOII 🚩	304	1									V	N 1
- Dil III	·•											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3	Х	
											3	Λ	
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	000?	· 11	f "Yes	s,"	complete Schedu	ıle J for su	ch	4	Х	
											-4		
5 Did any person listed on line 1a receive for services rendered to the organization? <i>If</i>											5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co- compensation from the organization. Report year. 													
(A)								(B)			(C)		
Name and business a	address							Description of se	ervices	C	compens	sation	

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

Part VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not cl unles	Pos heck ss pe	c) sition more	e than c	one	(D) Reportable compensation	(E) Reportable	Est am	(F) imated ount of
	organizations below dotted	Individual tru or director	Institut	Q	lirect	or/trust	ee)	from the	1	1	ther ensation
		ıstee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations
7) MARTIN RESTREPO											
TRUSTEE (START 10/17)	0.	X						0.	0.		0
8) RICHARD A. RENWICK	1.20										0
TRUSTEE (UNTIL 02/18)	0.	X						0.	0.		0
9) KENNETH G. ROMANZI TRUSTEE	1.20	X						0.	0.		0
0) JAMES A RULLO	1.20	Λ						0.	0.		
TRUSTEE	1.20	X						0.	0.		0
1) DIANNE SAHENK	1.20							0.	0.		
TRUSTEE		X						0.	0.		0
2) CAROLINA SAMSING	1.20							0.	0.		
TRUSTEE (UNTIL 10/17)		X						0.	0.		0
3) AMANDA STRONG	1.20										
TRUSTEE		X						0.	0.		0
4) DAVIDE VISCO	1.20										
TRUSTEE (START 10/17)	0.	Х						0.	0.		0
5) MEAGHAN TOOTHAKER	1.20										
TRUSTEE (UNTIL 10/17)	0.	Х						0.	0.		0
6) MARTHA D. VORLICEK	1.20										
TREASURER, BOARD OF TRUSTEES	0.	Х		Х				0.	0.	0.	
7) ROBERT E. WEISSMAN	1.20										
TRUSTEE	0.	X						0.	0.		0
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organizat)	Section A ot limited to t		liste			e) who	> > o re	eceived more than	\$100,000 of		
 Did the organization list any former of employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the 	edule J for suc sum of rep	<i>ch ind</i> oortab	livida ole d	<i>ual</i> com	 pen	ısatioı	n ai	nd other compens	sation from the	3	Yes No
organization and related organizations (4	Х
 individual Did any person listed on line 1a receive of for services rendered to the organization? If 	or accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5	X
Section B. Independent Contractors	.oo, oompie	.0 001	,500	U	01	GUGII	اتام			0	
1 Complete this table for your five highest compensation from the organization. Report year.											
(A) Name and business a	ddress							(B) Description of se	ervices ((C) Compens	ation
							_				
							-				
							-				
2 Total number of independent contractors											

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	am com	(F) timated tount of other pensation	f on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anizatio I related inization	n d
48) JOSEPH WINN	1.20												
CHAIR, BOT (UNTIL 10/17)	1.20	X		Х				0.		0.			0.
49) GARY ZWERLING	1.20												
TRUSTEE (UNTIL 10/18)	0.	X						0.		0.			0.
50) MARK RICE	40.00												
PROVOST (START 5/18)	0.			X				0.		0.			0.
51) MARNI ALLEN	40.00												
ASSISTANT CLERK	20.00			X				148,631.		0.		15,2	281.
52) EDWARD CHIU	40.00												
SR. VP OF ADVANCEMENT	0.			X				399,661.		0.		58,5	80.
53) KATHERINE CRAVEN	40.00												
CHIEF ADMIN OFFICER	0.			X				405,786.		0.		30,5	503.
54) MICHAEL JOHNSON	40.00												
PROVOST (UNTIL 5/18)	0.			Х				445,034.		0.		32,7	/24.
55) MICHAEL LAYISH	40.00												
VP GEN COUN/SECRETARY/CLERK	0.			Х				228,539.		0.		54,6	91.
56) MARY ROSE	40.00												
VP FOR CAMPUS & COMMUN AFFAIRS	0.			Х				272,478.		0.		54,3	382.
57) JANICE BELL	40.00												
MANAGING DIR OF BABSON GLOBAL	† <u>-</u> 0.					X		414,649.		0.		31,6	58.
58) ANIRUDH DHEBAR PROFESSOR	40.00					Х		389,045.		0.		52,8	
						Λ	<u> </u>	309,043.		- 0.		3Z, c	,01.
1b Sub-total										\longrightarrow			
c Total from continuation sheets to Part VII, S	_									\longrightarrow			
d Total (add lines 1b and 1c)							_		1				
2 Total number of individuals (including but not				a a	pov	e) wn	o re	eceived more than	\$100,000	ΣĬ			
reportable compensation from the organizatio		30-										V	NI.
						_						Yes	No
3 Did the organization list any former offic												Х	
employee on line 1a? If "Yes," complete Sched											3	Λ	
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	! It	"Yes	s,"	complete Schedu	le J for			37	
individual											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors													
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A)							Τ	(B)			(C)		
Name and business add	dress							Description of se	ervices	C	ompens	ation	
-							\top	<u> </u>					
							\top						
							+						

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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timated ount of other	f
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	pensation the anization trelated in its anization in its	n d
59) ANDREW L. ZACHARAKIS	40.00												
PROFESSOR	0.					Х		382,421.		0.		54,6	63.
60) RICHARD BLISS	40.00												
PROFESSOR	0.					X		486,942.		0.		34,7	29.
PROFESSOR	40.00					Х		450,247.		0.		47,1	.64.
62) DIANA ZAIS VP FOR DEVELOPMENT SEE SCH O	40.00						Х	232,260.		0.		50,2	280.
63) DONNA BONAPARTE	40.00							252 622				26.0	
VP FOR HR SEE SCH O	0.						X	252,683.		0.		36,8	343.
64) JANE EDMONDS	40.00						v	150 442		0.		20 5	:76
VP PROG & COMM OUT SEE SCH O 65) ELAINE EISENMAN	40.00						Х	150,442.		0.		20,5	76.
FORMER DEAN OF BEEE	1-40.00						Х	167,684.		0.		_	194.
66) ALFRED NANNI	40.00							107,004.		0.			
FACULTY	10.00						Х	233,096.		0.		56,5	380
67) SHAHID ANSARI	0.							2337030.				30,3	
CEO BABSON GLOBAL/FACULTY	40.00						Х	478,058.		0.		30,5	511.
68) PHILLIP KNUTEL	40.00											- ,	
CIO SEE SCH O	0.						Х	287,481.		0.		35,3	382.
1b Sub-total							┕						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>						
2 Total number of individuals (including but not							re	ceived more than	\$100,000 c	of			
reportable compensation from the organizatio	n 🕨	304	1										
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Х	
4 For any individual listed on line 1a, is the													
organization and related organizations gr individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual	5		Х
Section B. Independent Contractors	es, comple	16 301	ieut	iie c	101	Sucri	per	3011			J		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compens	ation	
							1						

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

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

		Check if Schedule O contains a resp	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d e	Federated campaigns	66,370. 795,027.				
and Ot	g	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	45,385,025.				
- 1	h	Total. Add lines 1a-1f		46,246,422.			
Program Service Revenue			Business Code				
Š	2a	TUITION & FEES	900099	172,572,035.	172,572,035.		
e E	b	ROOM & BOARD	900099	29,900,106.	29,900,106.		
١	С	ED/NON-ED PROGRAM REVENUE	900099	20,636,744.	19,751,836.	884,908.	
š	d		_				
ľащ	е		_				
.og	f	All other program service revenue					
<u>-</u>	g	Total. Add lines 2a-2f	<u> ▶</u>	223,108,885.			
	3	Investment income (including divided and other similar amounts).		1,401,346.		-192,463.	1,593,809
	4	Income from investment of tax-exempt bo	nd proceeds . 🕨	374,210.			374,210
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents	1.				
	b	Less: rental expenses					
	С	Rental income or (loss) 3,565,17	1.				
	d	Net rental income or (loss)		3,565,171.			3,565,171
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 84,682,34	0.				
	b	Less: cost or other basis					
	D	E0 010 0E	8.				
	_	and saids expenses in the					
	c d	Gaill of (1033)		11,763,262.		156,892.	11,606,370
<u>e</u>	8a	Net gain or (loss)		11,703,202.		130,032.	11,000,370
en		events (not including \$66,370.					
Š		of contributions reported on line 1c).					
<u>-</u>		See Part IV, line 18	a 23,890.				
Other Revenue	b	Less: direct expenses	b				
٠		Net income or (loss) from fundraising even	ts	23,890.			23,890
	9a	Gross income from gaming activities. See Part IV, line 19	738.				
	L	Less: direct expenses	a				
		Net income or (loss) from gaming activitie	0	-363.			-363
	10a	Gross sales of inventory, less		303.			303
	b	returns and allowances	а b				
		Net income or (loss) from sales of inventory	<u> ▶ </u>	0.			
L		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
- 1		- Grant / Nacinited 1 1 1 1 1 1 1 1 1					

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Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
	Grants and other assistance to domestic organizations		охроносс	gonoral oxponedo	окропосо							
•	and domestic governments. See Part IV, line 21	0.										
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	45,146,310.	45,146,310.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors,											
	trustees, and key employees	3,532,539.	1,368,283.	1,717,392.	446,864.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and	0 000 506	005 500	012 081	214 452							
	persons described in section 4958(c)(3)(B)	2,223,526.	995,782.	913,271.	314,473.							
7	Other salaries and wages	91,840,973.	76,418,284.	11,365,726.	4,056,963.							
8	Pension plan accruals and contributions (include	7,189,764.	5,982,400.	889,765.	317,599.							
	section 401(k) and 403(b) employer contributions)	10,789,870.	8,977,947.	1,335,294.	476,629.							
9	Other employee benefits	6,220,397.	5,175,817.	769,802.	274,778.							
10	Payroll taxes	0,220,397.	J, 1 / J, O 1 / .	109,002.	2/7,//0.							
11	Fees for services (non-employees):	0.										
	Management	267,675.	127,125.	140,550.								
	Legal	456,759.	12,839.	443,920.								
	Accounting	0.	12,0001	110,7201								
	I Lobbying Professional fundraising services. See Part IV, line 17	0.										
	f Investment management fees	333,155.	333,155.									
	Other. (If line 11g amount exceeds 10% of line 25, column											
٤	(A) amount, list line 11g expenses on Schedule O.).	1,572,572.	715,434.	857,138.								
12	Advertising and promotion	5,600,881.	4,813,215.	655,448.	132,218.							
13	Office expenses	4,586,925.	3,225,132.	900,314.	461,479.							
14	Information technology	8,641,990.	7,910,118.	616,247.	115,625.							
15	Royalties	0.										
16	Occupancy	9,220,253.	9,063,820.	119,354.	37,079.							
17	Travel	7,857,613.	5,191,809.	2,007,821.	657,983.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0.	2 -1 - 1 2 2	45.050								
19	Conferences, conventions, and meetings	2,591,819.	2,515,192.	65,972.	10,655.							
20	Interest	5,470,749.	5,470,749.									
21	Payments to affiliates	0.	1/ /50 070	100 /11	E0 1E2							
22	Depreciation, depletion, and amortization	14,709,542.	14,459,978.	190,411.	59,153.							
23	Insurance	0.										
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
	FOOD & BEVERAGE SERVICE	8,469,114.	8,469,114.									
-	PROFESSIONAL CONSULTING	6,512,710.	5,009,005.	1,192,969.	310,736.							
	ROOM, CONF, & ADMIN	3,286,611.	3,286,611.									
•	TAX	8,448.		8,448.								
	All other expenses	4,920,530.	2,496,641.	1,871,734.	552,155.							
	Total functional expenses. Add lines 1 through 24e	251,450,725.	217,164,760.	26,061,576.	8,224,389.							
	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											
	following SOP 98-2 (ASC 958-720)	0.										
JSA	· · · · · · · · · · · · · · · · · · ·			L	Form 990 (2017)							

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Part X Balance Sheet

Form 990 (2017)

		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			38,743,423.	1	53,710,249.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			35,073,793.	3	37,985,403.
	4	Accounts receivable, net			5,384,145.	4	5,651,852.
	5	Loans and other receivables from current and		· · · · · · · · · · · · · · · · · · ·			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers		defined under cestion	0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B).					
Assets		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary	0		0
ts	_	organizations (see instructions). Complete Part II of Sche			0. 3,377,598.	6	2,885,797.
sse	7	Notes and loans receivable, net			3,377,398.	7	2,883,797.
Ÿ	8	Inventories for sale or use			4,758,577.	8 9	5,432,264.
	102	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or	 I		1,730,377.	9	3,132,201.
	IVa		10a	471,046,859.			
	b	Less: accumulated depreciation			188,751,155.	10c	214,556,361.
	11	Investments - publicly traded securities			297,909,496.	11	315,605,230.
	12	Investments - other securities. See Part IV, line 11			93,554,054.	12	106,314,909.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			11,329,532.	15	37,581,721.
	16	Total assets. Add lines 1 through 15 (must equal			678,881,773.	16	779,723,786.
	17	Accounts payable and accrued expenses			21,631,261.	17	31,467,328.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			39,580,768.	19	40,288,965.
	20	Tax-exempt bond liabilities			131,028,694.	20	163,312,173.
		Escrow or custodial account liability. Complete Pa			0.	21	0.
ies	22	Loans and other payables to current and for					
ij		trustees, key employees, highest compen			0.		0
Ei.	22	disqualified persons. Complete Part II of Schedule			22,955,000.	22	21,890,000.
		Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated			0.	24	0.
		Other liabilities (including federal income tax,			<u> </u>	24	0.
	23	parties, and other liabilities not included on lines	-				
		of Schedule D		· ·	15,395,404.	25	11,238,207.
	26	Total liabilities. Add lines 17 through 25			230,591,127.	26	268,196,673.
es es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	chec				
15 16 17 18 19 20 21 23 24 25 26 26 27 28 29	27	Unrestricted net assets			184,159,388.	27	222,051,958.
	Temporarily restricted net assets			137,171,141.	28	156,678,272.	
pu	29	Permanently restricted net assets		<u></u>	126,960,117.	29	132,796,883.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
¥5	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
ř.	32	Retained earnings, endowment, accumulated inco				32	
Š	33	Total net assets or fund balances			448,290,646.	33	511,527,113.
	34	Total liabilities and net assets/fund balances			678,881,773.	34	779,723,786.

Form **990** (2017)

Page **11**

Page **12** Form 990 (2017) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI. 286,482,823. 1 251,450,725. 2 Total expenses (must equal Part IX, column (A), line 25) 35,032,098. 3 3 448,290,646. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 28,204,369. 5 5 Net unrealized gains (losses) on investments 6 6 Ō. 7 7 Investment expenses 0. 8 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 511,527,113. 10 Part XII Financial Statements and Reporting Χ Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a 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 Χ 2b 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: X Consolidated basis Separate 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 Χ 2c 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 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Х required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

PUBLIC DISCLOSURE COPY

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BABSON COLLEGE

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

04-2103544

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organization described in section 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:		land-grant college					
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt f nent income and u on after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su						
		Check the box in lines 12a t	•		• •		·	•
а	L	Type I . A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization. `						
b	L	Type II . A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
		organization(s). You must	=					
С	L	Type III functionally integ						ly integrated with,
_		its supported organization		•				
d	L	Type III non-functionally			-			- ' '
		that is not functionally into	-		-		•	an attentiveness
	Г	requirement (see instruct	•	-				L T III
е	L	Check this box if the orga						ı, rype iii
£	_	functionally integrated, or	• •			•		
,		nter the number of supported ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(1)	varie of supported organization	(II) LIIV	(described on lines 1-10		ur governing		other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
(- /								
Tot	al							

Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2017 (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") 20,810,199 17,512,072 22,073,133. 27,601,088 46,246,422 134,242,914. Tax revenues levied organization's benefit and either paid 0. to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 20,810,199. 17,512,072 22.073.133. 27,601,088. 46,246,422. 134,242,914. Total. Add lines 1 through 3 The portion of total contributions by person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount 29,020,185. shown on line 11, column (f) Public support. Subtract line 5 from line 4 105,222,729. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 20,810,199. 17,512,072 22,073,133. 27,601,088 46,246,422. 134,242,914. Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 4,838,469. 6,274,065 5,071,525. 5,820,466. 5,533,190. 27.537.715. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 111,208. 1,040,698 1,151,906. Other income. Do not include gain or 10 loss from the sale of capital assets 28.884 174,224. (Explain in Part VI.) 163,106,759. 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 64.51% Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 70.69% 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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 b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

(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.)

ction							
	A. Public Support	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	s, grants, contributions, and membership fees						
	eived. (Do not include any "unusual grants.")						
	ss receipts from admissions, merchandise						
	or services performed, or facilities						
	ished in any activity that is related to the						
_	anization's tax-exempt purpose						
	ss receipts from activities that are not an						
	elated trade or business under section 513						
Tax							
-	anization's benefit and either paid to						
	expended on its behalf						
	e value of services or facilities						
	nished by a governmental unit to the						
-	anization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and 3						
	eived from disqualified persons ounts included on lines 2 and 3						
	eived from other than disqualified						
	sons that exceed the greater of \$5,000						
	% of the amount on line 13 for the year						
	d lines 7a and 7b.						
	blic support. (Subtract line 7c from						
	6.)						
	B. Total Support	() 0040	41.0044	4) 0045	4 10 00 4 0	() 0047	(0 T)
	year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
a Gro pay rent	ounts from line 6. ss income from interest, dividends, ments received on securities loans, ts, royalties, and income from similar						
	rces						
	related business taxable income (less						
	tion 511 taxes) from businesses						
	uired after June 30, 1975						
	d lines 10a and 10b						
acti whe	income from unrelated business vities not included in line 10b, ether or not the business is regularly ried on						
	er income. Do not include gain or						
	s from the sale of capital assets						
(Ex	plain in Part VI.)						
	al support. (Add lines 9, 10c, 11,						
and	d 12.)						
Firs	st five years. If the Form 990 is fo	r the organiza	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
orga	anization, check this box and stop here .	<u> </u>		<u> </u>			▶ 🗀
ction	C. Computation of Public Supp	ort Percenta	ge				
Pub	olic support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
Duk	olic support percentage from 2016 Sched	lule A, Part III, lir	ne 15	<u> </u>		16	9/
Ful	D. Computation of Investment	Income Pero	centage				
	i b. computation of investingent			12 and man (f))		47	9/
ction	estment income percentage for 2017 (line	e 10c, column (f) divided by line	13, column (1))		17	/
ction Inve	-						
ction Inve	estment income percentage for 2017 (line	chedule A, Part	III, line 17			18	9/
Inve Inve Inve	estment income percentage for 2017 (line estment income percentage from 2016 S	chedule A, Part anization did no	III, line 17 ot check the bo	x on line 14, and	d line 15 is mor	18 re than 331/3%,	and line

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Schedule A (Form 990 or 990-EZ) 2017

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a Was the organization subject to the excess business holdings rules of section 4943 because of section

determine whether the organization had excess business holdings.)

10a

10b

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	ıle A (Form 990 or 990-EZ) 2017		F	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.			
	11 0 0	2		
Secti	on 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)? 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).	_		
04		1		
Secti	on D. All Type III Supporting Organizations		V	NI -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	-truoti	ione)	
1	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	OHS).	
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inotru	otione)	
C	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	IIISIIU	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22		
	that these activities constituted substantially all of its activities.	_2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥,		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Scheal	ile A (Form 990 or 990-EZ) 2017			Page I
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013

e Excess from 2017

b Excess from 2014....

d Excess from 2016

c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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.)

FORM 990, SCHEDULE A, PART II, LINE 10

COLUMNS (A),(B),(C),(E) - 2013, 2015, 2016, 2017: LINE 10 INCLUDES INCOME

FROM FUNDRAISING AND GAMING ACTIVITIES.

Schedule A (Form 990 or 990-EZ) 2017

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number BABSON COLLEGE 04-2103544 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)..... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . >\$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities......▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ) 2017

Sch	edule C (Form 990 or 990-EZ) 2017	BABSON	COLLEGE	i		04-2	103544 Page 2
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
4				affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
3	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	l" provisions app	y.	
	Limits	on Lobb	ying Expend	ditures	Ì	(a) Filing	(b) Affiliated
	(The term "expendite	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	ion (grass roots lobb	oying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
С	: Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ıres (add	d lines 1c an	ıd 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount t	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount	-					
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th			•	Ū		
	reporting section 4911 tax for the						Yes No
	(Comp oversite tions that			raging Period Unde	• •	to all of the five calum	.ma hala
	(Some organizations that			te instructions for I			ins below.
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Per	lod	1
	Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Page **3**

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(1	b)	
	cription of the lobbying activity.	Yes	No		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:		Х				
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b c	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
e	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				1
i	Other activities?						$\frac{1}{1}$
j	Total. Add lines 1c through 1i		Х				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$? If "Yes," enter the amount of any tax incurred under section 4912						
b c	If "Yes," enter the amount of any tax incurred under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 50		, or s	ectio	n		
	501(c)(6).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fr				3		
1	t III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members	' OR (3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo		of.	•			
2	political expenses for which the section 527(f) tax was paid).	unts	Oi				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c 3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portic excess does the organization agree to carryover to the reasonable estimate of nondeductible						
	and political expenditure next year?	-	-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ed gro	up list); Part	II-A,	lines 1	and
SCI	EDULE C, PART II-B, LINE 1						
LOE	BYING ACTIVITIES						
THE	ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH	MAY					
ENG	AGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES MAY	BE					
ATT	RIBUTABLE TO LOBBYING ACTIVITIES.						

04-2103544

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BABSON COLLEGE 04-2103544

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2017

Page 4

PUBLIC DISCLOSURE COPY

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BAI	SSON COLLEGE	04-2103544
Pa	rt 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.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	Aller fermer of a common sation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a 2b
b C	Number of conservation easements on a certified historic structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing contains a second contains and enforcing contains a second cont	onservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are also as a section of sections and the section of sections are also as a section of sections and the section of sections are also as a section of section of sections are also as a section of section of sections are also as a section of sections are also as a section of section of sections are also as a section of section of sections are also as a section of section of sections are also as a section of section of sections are also as a section of section of sections are also as a section of section of section of section of section of section of sections are also as a section of section	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and	u expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financ organization's accounting for conservation easements.	lai statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	· Ommar /1000toi
1a		revenue statement and halance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIII, the text of the footnote to its financial statements that des	ication, or research in furtherance of scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	<u> </u>
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item.	
a b	Revenue included on Form 990, Part VIII, line 1	> \$

	dule D (Form 990) 2017					Page Z
Pai	t III Organizations Maintaini					· · · · · · · · · · · · · · · · · · ·
3	Using the organization's acquisition		other records, chec	k any of the follo	wing that are a sig	nificant use of its
	collection items (check all that app	oly):				
а	X Public exhibition		d X Loan	or exchange progr	ams	
b	Scholarly research		e Other			
С	X Preservation for future gene	erations				
4	Provide a description of the orga	nization's collection	s and explain how	they further the o	organization's exemp	t purpose in Part
	XIII.					
5	During the year, did the organization	on solicit or receive	donations of art, hist	orical treasures, o	r other similar	
	assets to be sold to raise funds rati	her than to be main	tained as part of the	organization's coll	ection?	Yes X No
Pai	t IV Escrow and Custodial A		•			
	Complete if the organiza		es" on Form 990, P	art IV, line 9, or	reported an amoun	it on Form
	990, Part X, line 21.				•	
1a	Is the organization an agent, truste	ee, custodian or oth	er intermediary for o	contributions or oth	er assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement i					
	, ,				Amount	
С	Beginning balance			1c		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an am				al account liability?	Yes No
	If "Yes," explain the arrangement i					
	t V Endowment Funds.	in r are zuin. Onlook i	ioro ii tiio oxpianatioi	That been provide	a on rate zan	
ı aı	Complete if the organization	tion answered "Ye	s" on Form 990 P	art IV line 10		
	Comprete in the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	B	391,463,550.		348,628,929		275,519,968.
1a	Beginning of year balance	5,296,080.	12,903,198.	17,401,454		26,558,248.
b	Contributions	3,230,000.	12,703,170.	17,401,434	. 9,310,104.	20,330,240.
С	Net investment earnings, gains,	38,869,570.	44,250,790.	-7,624,128	. 17,977,769.	39,608,164.
	and losses	3,139,346.				
	Grants or scholarships	3,139,340.	2,949,676.	2,577,169	. 2,404,903.	2,223,083
е	Other expenditures for facilities	10 560 715	0 427 004	0 120 554	0 016 676	7 440 660
	and programs	10,569,715.	9,437,294.	9,132,554	. 8,216,676.	7,448,662
f	Administrative expenses	401 000 100	201 462 550	246 606 520	240 600 000	222 214 625
g	End of year balance	421,920,139.	391,463,550.	346,696,532	. 348,628,929.	332,014,635.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held a	is:	
а	Board designated or quasi-endown		<u>0_</u> %			
b	Permanent endowment ▶ 30.0					
С	Temporarily restricted endowment					
	The percentages on lines 2a, 2b, a	•				
3a	Are there endowment funds not in	the possession of t	the organization that	are held and adm	inistered for the	[
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as required on Sch	nedule R?		3b
4	Describe in Part XIII the intended		ation's endowment fu	nds.		
Pai	t VI Land, Buildings, and Equ	ipment.	oo" on Form 000 [Part IV/ line 11a	Can Farm 000 Da	rt V line 10
	Complete if the organiza					d) Book value
	2000 input of property		stment) (other) de	preciation	<u> </u>
1 a	Land		1,	500,545.		1,600,545.
b	Buildings		338,	158,393. 189,	411,272.	148,747,121.
С	Leasehold improvements					
d	Equipment		59,	595,296. 45,	203,750.	14,491,546.
е	Other		71,	592,625. 21,	875,476.	49,717,149.
Tota	I. Add lines 1a through 1e. (Column		m 990. Part X. colum	n (B), line 10c.)	•	214,556,361.

Schedule D (Form 990) 2017

(a) Description of security or category (not departy (not departy) (not departs and security) (not depart and security) (Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests			(b) Book value	
(2) Closely-held equity interests	(1) Financia	al derivatives		
(3) Other (A) ALTERNATIVE INVESTMENTS (B) (B) (C)				
(B) (C) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 105, 314, 909. 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) Part IX (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Book		. ,		
(C) (C) (C) (E) (F) (G) (H) (Total, (Column (b) must equal Form 990, Part X, col. (B) line 12,) > 105,314,909. 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 (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market		ERNATIVE INVESTMENTS	106,314,909.	FMV
(b) (c) (c) (d) (d) (e) (e) (f) (d) (e) (e) (f) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B)			
(E) (F) (G) (H) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(C)			
(G)	(D)			
(3) (H) Total. (Column (b) must equal Form 990. Part X, col. (B) line 12.) ▶ 106, 314, 909. 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) 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 (c) Book value (d) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (7) (8) (9) Total. Form (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) GOVT A DAVANCES FOR STUDENT LOAN (a) Book value (1) Federal income taxes (2) GOVT A DAVANCES FOR STUDENT LOAN (3) MARKET VALUE OF INT RATE CONTR (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 11, 238, 207.	(E)			
(c) times (e) must equal Form 990, Part X, cot. (B) line 12.) ▶ 106, 314, 909. Total. (Column (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ 106, 314, 909.				
Part V				
Part VII				
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 (d) (3) (4) (5) (6) (7) (8) (9) 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 (c) Book value (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			106,314,909.	
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Page 3

Schedule D (Form 990) 2017

	e D (Form 990) 2017		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
_ C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. li	ne 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
SEE	PAGE 5		
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SA Schedule D (Form 990) 2017

04-2103544 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

WORKS OF ART, HISTORICAL TREASURES, LITERARY WORKS AND ARTIFACTS, WHICH ARE PRESERVED AND PROTECTED FOR EDUCATIONAL, RESEARCH, AND PUBLIC EXHIBITION PURPOSES, ARE NOT CAPITALIZED. THEY ARE NEITHER DISPOSED OF FOR FINANCIAL GAIN NOR ENCUMBERED IN ANY MANNER. ACCORDINGLY, SUCH COLLECTION ITEMS ARE NOT RECORDED FOR FINANCIAL STATEMENT PURPOSES.

SCHEDULE D, PART V, LINE 4

BABSON COLLEGE'S ENDOWMENT CONSISTS OF OVER 250 INDIVIDUAL FUNDS WHICH
HAVE BEEN ESTABLISHED OVER TIME FOR VARIOUS PURPOSES, INCLUDING
SCHOLARSHIPS, CHAIRS AND PROFESSORSHIPS, FACILITIES, ATHLETICS, AND OTHER
EDUCATIONAL SERVICES.

Schedule D (Form 990) 2017

PUBLIC DISCLOSURE COPY

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization BABSON COLLEGE Employer identification number 04-2103544

Pai	t I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	_	37	
•	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		X	
ч	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	21	
	if you answered the to any of the above, please explain. If you need more space, use I are in.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
b	Admissions policies:	35		
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
	Llog of facilities?			Х
f	Use of facilities?	5f		
q	Athletic programs?	5g		Х
3	7	- 3		
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

SCHEDULE E, PART I, LINE 3

Schedule E (Form 990 or 990-EZ) (2017)

BABSON COLLEGE PROHIBITS DISCRIMINATING ON THE BASIS OF RACE, COLOR,

NATIONALITY OR ETHNIC ORIGIN, RELIGION, SEX, LIFESTYLE, SEXUAL

ORIENTATION PREFERENCE, AGE, HANDICAP, OR VETERAN STATUS. THIS POLICY IS

PUBLISHED IN THE FACULTY AND STAFF HANDBOOK.

SCHEDULE E, PART I, LINE 6

GOVERNMENT FINANCIAL AID

BABSON COLLEGE RECEIVES FEDERAL AID TO ENHANCE SCHOLARSHIP AND WORK STUDY PROGRAMS.

Page 2

PUBLIC DISCLOSURE COPY

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 **Open to Public**

04-2103544

Department of the Treasury Internal Revenue Service Name of the organization BABSON COLLEGE

Inspection Employer identification number

Par	3	General Information of Form 990, Part IV, line 14th		outside the U	nited States. Complete i	f the organization answer	ed "Yes" on	
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grant assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to						•		
	grants or assistance? Yes							
2	_	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.						
3	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 the 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)	EAST	ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDENT STUDY ABROAD	639,448.	
(2)	EUROF	E	0.	0.	PROGRAM SERVICES	STUDENT STUDY ABROAD	2,748,182.	
(3)	RUSSI	A/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDENT STUDY ABROAD	120,234.	
(4)	SOUTH	I AMERICA	0.	0.	PROGRAM SERVICES	STUDENT STUDY ABROAD	72,250.	
(5)	SUB-S	AHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDENT STUDY ABROAD	92,077.	
(6)	SUB-S	AHARAN AFRICA	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	38,245.	
(7)	EAST	ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	188,040.	
(8)	CENTR	AL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	2,429.	
(9)	EUROF	E	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	289,630.	
10)	MIDDL	E EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	44,334.	
11)	SOUTH	I AMERICA	0.	0.	PROGRAM SERVICES	ELECTIVE ABROAD	164,822.	
12)	CENTR	AL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		32,025,871.	
13)	EAST	ASIA AND THE PACIFIC	0.	14.	PROGRAM SERVICES	EXECUTIVE EDUCATION	311,849.	
14)	EUROF	E	0.	15.	PROGRAM SERVICES	EXECUTIVE EDUCATION	262,852.	
15)	MIDDL	E EAST AND NORTH AFRICA	0.	25.	PROGRAM SERVICES	EXECUTIVE EDUCATION	471,615.	
16)	NORTH	AMERICA	0.	3.	PROGRAM SERVICES	EXECUTIVE EDUCATION	33,932.	
		I AMERICA	0.	16.	PROGRAM SERVICES	EXECUTIVE EDUCATION	681,917.	
		-total continuation		73.			38,187,727.	
С		ets to Part I als (add lines 3a and 3b)		73.			127,356. 38,315,083.	

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

7E1274 1.000 0708DA R19U

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

BAB	SON COLLEGE				04-21035	44
Part	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete	if the organization answer	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili				•	
		-	.5 01 4551514110	e, and the selection offeri	a asea to award the	Yes No
	grants or assistance?					res No
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		region	independent	investments, grants to recipients		in the region
			contractors	located in the region)		
			in the region			
(1)	EUROPE	0.	0.	FUNDRAISING	DEVELOPMENT	71,274.
. ,						
(2)	MIDDLE CAGE AND NODELL ADDICA		0	ELINIDI A LOTINO	DEITH ODMENIE	24 042
(2)	MIDDLE EAST AND NORTH AFRICA	0.	0.	FUNDRAISING	DEVELOPMENT	34,942.
(3)	NORTH AMERICA	0.	0.	FUNDRAISING	DEVELOPMENT	8,806.
(4)	SOUTH AMERICA	0.	0.	FUNDRAISING	DEVELOPMENT	1,938.
(-)	500111 111121(1911	J.		1 ONDIGITED THE	BEVERSTILL	1,,500.
 \						
(5)	SUB-SAHARAN AFRICA	0.	0.	FUNDRAISING	DEVELOPMENT	10,396.
(6)						
(7)						
(7)						
(8)						
(9)						
(-,						
/4 O\						
(10)						
(11)						
(12)						
/						
(42)						
(13)						
(14)						
(15)						
/						
(40)						
(16)						
(17)						
`	Sub-total					
b						
D						
	sheets to Part I					
С	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (e) Amount of (f) Manner of (a) Name of (c) Region (h) Description (i) Method of 1 (g) Amount of section and EIN (if applicable) grant cash grant cash noncash of noncash valuation organization disbursement (book, FMV, assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of noncash	(h) Method of
	., ,	recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
9) 0)							
0) 1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	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)	X	Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X	Yes	No

Schedule F (Form 990) 2017

Page 4

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part V

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

SCHEDULE F, PART I, LINE 3

ALL THE NUMBERS ARE BASED ON THE AMOUNTS ASSOCIATED WITH THE ACTIVITY ON

THE ORGANIZATION'S TRIAL BALANCE.

Schedule F (Form 990) 2017

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for the latest instructions. Inspection Employer identification number BABSON COLLEGE 04-2103544 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. Solicitation of non-government grants Mail solicitations а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d 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 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.

	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(iii) Did fur	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	custody or control of contributions?		(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
	List all states in which the organiz registration or licensing.	ation is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

	3	registration or licensing.
_		
_		
_		
_		

Page 2 Schedule G (Form 990 or 990-EZ) 2017

Pa	rt l					
		than \$15,000 of fundraising ever gross receipts greater than \$5,00		s income on Form 990	-EZ, lines 1 and 6b. L	ist events with
		gross receipts greater than \$5,00	(a) Event #1 PRESIDENTS CUP	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ηne						
Revenue	1	Gross receipts	90,260.			90,260.
ď		Less: Contributions	66,370.			66,370.
	3	Gross income (line 1 minus line 2)	23,890.			23,890.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	through 9 in column (d)			
	11	Net income summary. Subtract line 1	0 from line 3, column (d)) <u></u>	<u> </u>	23,890.
Pa	rt I		anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
		than \$15,000 on Form 990-E	zz, iirie oa.	425		(d) Total marriage (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
eve						
ır.	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
		Direct expense summary. Add lines 2				
			-			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colu	ımn (d)	<u> ▶</u>	
9 a		nter the state(s) in which the organizat				. Yes No
b	lf	"No," explain:				
	_					
		/ere any of the organization's gaming I "Yes," explain:	icenses revoked, suspe			_ Yes No

BABSON COLLEGE

Sched	Tule G (Form 990 or 990-EZ) 2017
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation 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).
SCH	EDULE G, PART II
FUN	DRAISING EVENT DETAIL REFLECTS REVENUE FOR THE EVENT INCURRED IN FY18.
EXP	ENSES ASSOCIATED WITH THE EVENT WERE INCURRED IN FY19 AND WILL BE
REP	ORTED ON THE 2018 FORM 990.

Schedule G (Form 990 or 990-EZ) 2017

04-2103544

SCHEDULE I (Form 990)

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

2017

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization						Employer identification	ation number
BABSON COLLEGE						04-210354	4
Part I General Information on Grants a	nd Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci		•					es" on Form
(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
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li	_	-					

Schedule I (Form 990) (2017)

Page 2

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

Part III	Grants and Other Assistance to Domes	tic Individuals	Complete if th	e organization	answered "Ye	es" on F	Form 990, Part IV	', line 22.
	Part III can be duplicated if additional spa							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 INSTITUTIONAL GRANTS/SCHOLARSHIP	1,545.	45,146,310.			
2					
3					
4					
5					
•					
b					
7					

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

SCHEDULE I, PART I, LINE 2

THE PROCEDURES FOR NEED-BASED AWARDS INCLUDE REVIEW AND RESOLUTION OF ALL FEDERAL-PROCESSOR-IDENTIFIED ELIGIBILITY CONFLICTS, AND 100% VERIFICATION OF REPORTED PARENT AND STUDENT INCOMES. FOR ALL FUNDS, THERE IS A SEPARATION OF THE AWARDING AND DISBURSEMENT FUNCTIONS (DIFFERENT INDIVIDUALS RESPONSIBLE FOR EACH), MONTHLY RECONCILIATIONS BETWEEN STUDENT ACCOUNTS AND THE COLLEGE'S GENERAL LEDGER, AND AN ANNUAL AUDIT IN ACCORDANCE WITH OMB CIRCULAR A-133.

Page 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
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.

SCHEDULE I, PART III

THE CASH GRANT IS REFLECTED ON STUDENTS' ACCOUNTS.

SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BABSON COLLEGE

Employer identification number

04-2103544

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. KERRY HEALEY	(i)	662,713.	0.	91,526.	29,856.	30,711.	814,806.	0.
1 TRUSTEE/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MARNI ALLEN	(i)	146,003.	2,524.	104.	14,976.	305.	163,912.	0.
2ASSISTANT CLERK	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD CHIU	(i)	375,656.	11,400.	12,605.	29,856.	28,724.	458,241.	0.
3SR. VP OF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE CRAVEN	(i)	375,593.	11,576.	18,617.	29,856.	647.	436,289.	0.
CHIEF ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL JOHNSON	(i)	411,512.	12,750.	20,772.	29,856.	2,868.	477,758.	0.
PROVOST (UNTIL 5/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL LAYISH	(i)	213,578.	14,750.	211.	24,491.	30,200.	283,230.	0.
6 GEN COUN/SECRETARY/CLERK	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY ROSE	(i)	244,585.	8,111.	19,782.	29,856.	24,526.	326,860.	0.
7 VP FOR CAMPUS & COMMUN AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
JANICE BELL	(i)	361,814.	50,000.	2,835.	29,856.	1,802.	446,307.	0.
8 MANAGING DIR OF BABSON GLOBAL	(ii)	0.	0.	0.	0.	0.	0.	0.
ANIRUDH DHEBAR	(i)	387,872.	0.	1,173.	20,771.	32,030.	441,846.	0.
9 PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW L. ZACHARAKIS	(i)	379,955.	2,000.	466.	23,600.	31,063.	437,084.	0.
10 PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD BLISS	(i)	484,011.	2,000.	931.	25,015.	9,714.	521,671.	0.
11 PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
JAY A. RAO	(i)	449,889.	0.	358.	18,985.	28,179.	497,411.	0.
12PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANA ZAIS	(i)	227,275.	3,500.	1,485.	25,904.	24,376.	282,540.	0.
13 VP FOR DEVELOPMENT SEE SCH O	(ii)	0.	0.	0.	0.	0.	0.	0.
DONNA BONAPARTE	(i)	243,815.	7,304.	1,564.	27,108.	9,735.	289,526.	0.
14 VP FOR HR SEE SCH O	(ii)	0.	0.	0.	0.	0.	0.	0.
JANE EDMONDS	(i)	149,775.	0.	667.	15,774.	4,802.	171,018.	0.
15 ^{VP} PROG & COMM OUT SEE SCH O	(ii)	0.	0.	0.	0.	0.	0.	0.
ELAINE EISENMAN	(i)	0.	0.	167,684.	0.	494.	168,178.	0.
16 FORMER DEAN OF BEEE	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALFRED NANNI	(i)	231,597.	0.	1,499.	24,607.	31,973.	289,676.	0.
1 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.
SHAHID ANSARI	(i)	406,350.	50,000.	21,708.	29,856.	655.	508,569.	0.
2CEO BABSON GLOBAL/FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILLIP KNUTEL	(i)	268,812.	0.	18,669.	29,856.	5,526.	322,863.	0.
_3 ^{CIO} SEE SCH O	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS TRAVEL:

COLLEGE POLICIES ALLOW THE PRESIDENT TO TRAVEL FIRST-CLASS UNDER CERTAIN

CIRCUMSTANCES FOR BUSINESS PURPOSES.

HOUSING ALLOWANCE AND PERSONAL SERVICES:

THE PRESIDENT IS REQUIRED TO LIVE IN CAMPUS HOUSING AS A CONDITION OF

EMPLOYMENT FOR THE CONVENIENCE OF BABSON COLLEGE. THE FAIR MARKET VALUE

OF THE HOUSING AND ANY CLEANING SERVICES, IF PROVIDED, ASSOCIATED WITH

THE PROPERTY ARE INCLUDED AS A NONTAXABLE BENEFIT.

GROSS-UP PAYMENTS:

IN CONNECTION WITH THE COLLEGE'S NONQUALIFIED 457(F) ARRANGEMENT WITH ITS

PRESIDENT, THE COLLEGE MADE CERTAIN TAX PAYMENTS ON THE PRESIDENT'S

BEHALF. THESE PAYMENTS ARE TREATED AS TAXABLE AND ARE INCLUDED IN

SCHEDULE J, PART II, COLUMN B(III).

HEALTH OR SOCIAL CLUB:

THE PRESIDENT RECEIVED AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB FOR

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part | 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.

BUSINESS USE RELATED TO THE COLLEGE.

SCHEDULE J, PART I, LINE 1B

ALL OF THE ITEMS CHECKED ABOVE ARE INCLUDED AS PART OF THE INDIVIDUAL'S EMPLOYMENT CONTRACT AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

SCHEDULE J, PART I, LINE 4A

ELAINE EISENMAN SEPARATED FROM THE COLLEGE IN AUGUST 2016. IN CONNECTION WITH HER SEPARATION, SHE RECEIVED SALARY CONTINUATION THROUGH JUNE 2017.

TOTAL PAYMENTS OF \$167,684 RECEIVED UNDER THIS AGREEMENT IN 2017 ARE

INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 4B

EFFECTIVE JULY 1, 2013 THE COLLEGE ENTERED INTO A NON-QUALIFIED SECTION 457(F) ARRANGEMENT WITH ITS PRESIDENT. UNDER THE TERMS OF THE PLAN, THE PRESIDENT WILL RECEIVE A CREDIT TO HER ACCOUNT OF NO LESS THAN \$52,500 FOR EACH PLAN YEAR SHE HOLDS THE TITLE OF THE PRESIDENT OF THE COLLEGE ON JUNE 30TH OF SUCH PLAN YEAR. AMOUNTS AWARDED UNDER THE PLAN ARE 100%

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

VESTED AT THE TIME OF THE AWARD. \$52,500 WAS CREDITED IN 2017 AND IS

INCLUDED IN SCHEDULE J, PART II, COLUMN B (III).

SCHEDULE J, PART I, LINE 7

CERTAIN LISTED INDIVIDUALS MAY RECEIVE A NON-FIXED PAYMENT BONUS. ALL

BONUSES ARE APPROVED BY THE PRESIDENT AND REVIEWED BY HUMAN RESOURCES.

SCHEDULE J, PART I, LINE 8

DR. KERRY HEALEY IS UNDER HER INITIAL CONTRACT WITH BABSON COLLEGE.

TAX EXEMPT BONDS

SCHEDULE K (Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number BABSON COLLEGE 04-2103544

BIBBON COLLEGE										01 2	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			—
Part I Bond Issues						T			1		(h)	On	(i) Po	olod
(a) Issuer name (b)	o) Issuer EIN	(c) CUSIP #	(d) Date issu	ued (e)	Issue price	(f) D	escription of pu	rpose	(g) De	feased	(h) beha iss	alf of	finan	
									Yes	No	Yes	No	Yes	No
A MA DEVELOPMENT FINANCE AGENCY (2017)	1-3431814	57584YBM0	12/26/2	017	38,092,499.	ATH/WELLNES	S CENTER CON	IST.		Х		Х		Х
B MA DEVELOPMENT FINANCE AGENCY (2015B) 04	4-3431814	000000000	08/28/2	015	37,000,000.	SEE PART VI				Х		Х		Х
C MA DEVELOPMENT FINANCE AGENCY (2015A) 04	1-3431814	57584XCC3	08/05/2	015	26,750,183.	REFINANCE D	EBT (2005A)	AND (2007A)		Х		Х		Х
D MA DEVELOPMENT FINANCE AGENCY (2013) 04	1-3431814	000000000	07/17/2	012	35 000 000	NEW DUTI DAN	a Midd DDO	TD CE		х		х		х
Part II Proceeds	1-3431814	000000000	07/17/2	013	35,000,000.	NEW BUILDIN	J, MISC PROC	ECT		Λ		A		_ X
Fait II Floceeds					Α		В	С						—
1 Amount of bonds retired							24,381.	•	15,00	00.			5,11	2.
2 Amount of bonds legally defeased									,			,,,,	- ,	
3 Total proceeds of issue				38	,177,172	37,008,961.		26,75	0,18	3.	35	5,05	9,26	0.
4 Gross proceeds in reserve funds					· · ·									_
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					369,720	1. 2	246,942.	31	2,13	86.		11	8,08	31.
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds				4	,536,171	. 36,7	62,019.			3		1,94	1,17	9.
11 Other spent proceeds								26,43	88,04	7.				
12 Other unspent proceeds				33	,271,281									
13 Year of substantial completion						201	7	2015)		2	2014		
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refunding iss					X		X	Х					X	
15 Were the bonds issued as part of an advance refunding					X		X	Х					X	
16 Has the final allocation of proceeds been made?					X	X			X		X			
17 Does the organization maintain adequate books a														
final allocation of proceeds?				X		X		Х			Х			
Part III Private Business Use				_										
					Α		В	С				D		
1 Was the organization a partner in a partnership, or				Yes	No	Yes	No	Yes	No		Yes	3	No	
which owned property financed by tax-exempt bonds?					X		X		Х			_	X	
2 Are there any lease arrangements that may resul					37									
bond-financed property?					X		X		X		X			

TAX-EXEMPT BONDS 2

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

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

Department of the Treasury

Internal Revenue Service

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization BABSON COLLEGE 04-2103544

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) ls:	sue price	(f) De	escription of pu	pose	(g) De	feased		alf of	(i) Po	
									Yes	No	iss		Yes	N
A MA DEVELOPMENT FINANCE AGENCY (2011A)	04-3431814	57583UGH5	07/07/201	1 14	,518,050.	SEE PART VI			103	х	100	х	100	ľ
B MA DEVELOPMENT FINANCE AGENCY (2008A)	04-3431814	57583RUW3	04/17/200	3 6	,475,000.	SEE PART VI				Х		Х	<u> </u>	2
С														
D														
Part II Proceeds														_
					Α		В	(С			D		
1 Amount of bonds retired				6,9	40,000	. 8,9	90,000.							
2 Amount of bonds legally defeased														
3 Total proceeds of issue				14,5	18,050	. 36,4	75,000.							
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds				2	43,275	. 2	250,504.							
8 Credit enhancement from proceeds							29,208.							
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds														
11 Other spent proceeds				14,2	74,775	. 36,1	.95,288.							
12 Other unspent proceeds														
13 Year of substantial completion				201	1	200	8							
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refundi	ng issue?			Х		X								
15 Were the bonds issued as part of an advance refu	nding issue?				Х		Х							
16 Has the final allocation of proceeds been made? .				Х		Х								
17 Does the organization maintain adequate boo	oks and record	ds to supp	ort the											
final allocation of proceeds?	cation of proceeds?			X		X						$\perp \perp$		
Part III Private Business Use														
					A		В		С			D		
1 Was the organization a partner in a partnershi which owned property financed by tax-exempt bor				Yes	No X	Yes	No X	Yes	No		Yes	<u>; </u>	No	_
2 Are there any lease arrangements that may		te business	use of											_

Pai	rt III Private Business Use (Continued)	X EXEMP	T BONDS							
			Α		В		С	ſ	D	
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
	business use of bond-financed property?		Х		Х	Х			Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?					X				
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х		Х		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 ▶		%		%		.2000 %	1.	.1000	_%
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 ▶		%		%		%		1000	_%
	Total of lines 4 and 5		%		%		.2000 %		.1000	%
	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		v		v		- V		v	
	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		0/		0/		0/			0/
	disposed of		%		%		%			%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all						+			
Э	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х		X		
Pai	rt IV Arbitrage									_
· a	7 i sidago		Α		В		С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
-	Penalty in Lieu of Arbitrage Rebate?		X	- 100	X		X		X	_
2	If "No" to line 1, did the following apply?									
	Rebate not due yet?	Х		Х		Х		X		
	Exception to rebate?		Х		Х		Х		X	
	No rebate due?		Х		Х		Х		Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•							
	performed									
3	Is the bond issue a variable rate issue?		Х		Х		X		Х	
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X		Х		Х		Х	
b	Name of provider									
	Term of hedge									
	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Page 2

Schedule K (Form 990) 2017

Par	TA Private Business Use (Continued)	X-EXEMP	Γ BONDS	2					
			4	l	3	(2		D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		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				
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		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Par	t IV Arbitrage	T		1					
		-	A	I	3	(D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		X				
2	If "No" to line 1, did the following apply?								1
	Rebate not due yet?	37	X	77	X				
	Exception to rebate?	X		X					
с	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed				T				1
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X	X					
	Name of provider			GOLDMAN SA					
	Term of hedge				25.000				1
	Was the hedge superintegrated?				X				
е	Was the hedge terminated?			1					

Page 2

Schedule K (Form 990) 2017

BABSON COLLEGE 04-2103544 Schedule K (Form 990) 2017

Schedule K (Form 990) 2017								Page 3
Part IV Arbitrage (Continued)								
		A		В		С		D D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		Х
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?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X		X	
Part V Procedures To Undertake Corrective Action			-					l
		A		В		С		 D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?							100	
voluntary closing agreement program it self-remediation isn't available under applicable regulations?	Х		X		X		Х	
Part VI Supplemental Information. Provide additional information for responses to		ns on Sch	edule K. S	ee instruc	tions	1	1	
Tall VI Supplemental information. I Toward additional information to responses to	questio	113 011 0011	cadio it. o	CC IIISti GO	10110			

Schedule K (Form 990) 2017								Page 3
Part IV Arbitrage (Continued)								
		A		В		С	ı	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
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?		Х		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action								
		A		В		С		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	v		v					
applicable regulations?	X	┸	X		1			
Part VI Supplemental Information. Provide additional information for responses to	questio	ns on Sch	edule K. S	ee instruc	tions			

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

SCHEDULE K, PART I, BOND ISSUES:

SCHEDULE K, PART I, ROW B, COLUMN F

MA DEVELOPMENT FINANCE AGENCY (2015B)

DESCRIPTION OF PURPOSE: RENOV RESIDENCE HALLS, NEW ATHLETIC BLDG, MISC

PROJECT.

Schedule K (Form 990) 2017

SCHEDULE K, PART I, ROW A, COLUMN F

MA DEVELOPMENT FINANCE AGENCY (2011A)

DESCRIPTION OF PURPOSE: REFINANCE DEBT (1998A) BLANK CENTER

SCHEDULE K, PART I, ROW B, COLUMN F

MA DEVELOPMENT FINANCE AGENCY (2008A)

DESCRIPTION OF PURPOSE: REFINANCE DEBT (2002A) FOR THE NEW ASTROTURF

ATHLETIC FIELD

SCHEDULE K, PART II, COLUMN A, B, & D, LINE 3:

THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON

THE PROJECT FUND

SCHEDULE K, PART II, COLUMN C, LINE 11:

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO

JSA 7E1511 1.000 Page 4

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

LONGER IN ESCROW.

Schedule K (Form 990) 2017

SCHEDULE K, PART II, COLUMNS A AND B:

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE

NO LONGER IN ESCROW

SCHEDULE K, PART IV, BONDS A AND B, LINE 2C:

THE REBATE COMPUTATION DATES

MA DEVELOPMENT FIN AGENCY (2011A) - JULY, 2014

MA DEVELOPMENT FIN AGENCY (2008A) - APRIL, 2015

JSA 7E1511 1.000 Page 4

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization Employer identification number BABSON COLLEGE 04-2103544 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	(e) Original principal amour		(f) Balance due	(g) In default?		? (h) Approved by board or committee?		(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	•				•	\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

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	organi	aring of ization's nues?
				Yes	No
(1) JANICE BELL	SPOUSE OF FORMER PROVOST	446,307.	FACULTY WAGES		Х
(2) GILBANE CONSTRUCTION	TRUSTEE IS OWNER	9,563,608.	CONSTRUCTION SERVICES		Х
(3)					
_(4)					
_(5)					
_(6)					
_(7)					
(8)			_		
(9)			_		
(10)					

Part V Supplemental Information

Schedule L (Form 990 or 990-EZ) 2017

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

SCHEDULE L, PART IV, BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS

- (A) NAME OF PERSON: JANICE BELL
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF

THE FORMER PROVOST

- (C) AMOUNT OF TRANSACTION \$446,307
- (D) DESCRIPTION OF TRANSACTION: FACULTY WAGES PAID
- (E) SHARING OF ORGANIZATION REVENUES? NO
- (A) NAME OF PERSON: GILBANE CONSTRUCTION
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE IS

OWNER

- (C) AMOUNT OF TRANSACTION: \$9,563,608
- (D)DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES TRANSACTION

 BETWEEN BABSON COLLEGE AND GILBANE CONSTRUCTION WAS REVIEWED USING NORMAL

 PROCUREMENT PROCEDURES. TRANSACTION WAS ARMS-LENGTH AND AT FAIR MARKET

 VALUE
- (E) SHARING OF ORGANIZATION REVENUES? NO

JSA 7E1507 1.000 Page 2

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number

BAB	SON COLLEGE				04-2	2103544			
Par	Types of Property			•					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, lin	n _	Method of noncash conti			
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	X	43.	633,72	24 7'	VG. OF H	T S.T.C	מן – זען	ለጥፔ
9	Securities - Publicly traded	71	13.	033,72	31. A	<u>vo. or n</u>	тапс	/W D2	7111
10	Securities - Closely held stock Securities - Partnership, LLC,								
11	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
13	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				I				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	gement	29	9		.,	
	5					[Yes	No
30a	During the year, did the organizat					- 1			
	28, that it must hold for at least th	-					20-		v
	to be used for exempt purposes for		olding period?				30a		Х
	If "Yes," describe the arrangement in		taman malkan that are t	a Alaa mardaaa s					
31	Does the organization have a						24	Х	
20-	contributions?						31	Λ	
3∠a	Does the organization hire or use	-	_	•			322		Х
L	contributions?						32a		21
	If "Yes," describe in Part II.	amount in a	column (a) for a type of are	norty for which action	n (c) ic	chooked			
33	If the organization didn't report an describe in Part II.	amount in C	olumni (c) for a type of pro	perty for which colum	iii (a) is	cnecked,			

 Schedule M (Form 990) (2017)
 Page 2

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

SCHEDULE M, LINE 32B

BABSON UTILIZES THE SERVICES OF A BROKER TO SELL DONATED SECURITIES.

COLUMN (B): BABSON USED THE NUMBER OF CONTRIBUTIONS RECEIVED FOR COLUMN

(B).

Schedule M (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

BABSON COLLEGE

04-2103544

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION

BABSON COLLEGE EDUCATES ENTREPRENEURIAL LEADERS WHO CREATE GREAT ECONOMIC AND SOCIAL VALUE EVERYWHERE. BABSON COLLEGE IS A GLOBAL LEADER IN MANAGEMENT EDUCATION WITH APPROXIMATELY 2,342 UNDERGRADUATE AND 987 GRADUATE ENROLLMENT. OUR INNOVATIVE CURRICULA CHALLENGE STUDENTS TO THINK CREATIVELY AND ACROSS DISCIPLINARY BOUNDARIES. WE CULTIVATE THE WILLINGNESS TO TAKE AND MANAGE RISK, THE ABILITY TO ENERGIZE OTHERS TOWARD A GOAL, AND THE COURAGE TO ACT RESPONSIBLY. OUR STUDENTS UNDERSTAND THAT LEADERSHIP REQUIRES BOTH TECHNICAL KNOWLEDGE AND A SOPHISTICATED APPRECIATION OF INSTITUTIONS, SOCIETIES, CULTURES, AND THE SELF. THEY WELCOME THE CHALLENGE OF LEARNING CONTINUOUSLY AND TAKING RESPONSIBILITY FOR THEIR CAREERS. OUR STUDENTS WILL BE KEY CONTRIBUTORS IN ESTABLISHED ENTERPRISES AS WELL AS EMERGING VENTURES.

FORM 990, PART VI, SECTION A, LINE 1

PURSUANT TO THE ORGANIZATION'S BYLAWS, THE BOARD OF TRUSTEES SHALL HAVE

AN EXECUTIVE COMMITTEE WHICH SHALL CONSIST OF THE PRESIDENT OF THE

CORPORATION, THE CHAIRPERSON OF THE BOARD OF TRUSTEES, THE VICE

CHAIRPERSON(S) OF THE BOARD OF TRUSTEES, THE CHAIRPERSON-ELECT OF THE

BOARD OF TRUSTEES AND SUCH OTHER TRUSTEES AS SHALL BE APPOINTED BY THE

CHAIRPERSON OF THE BOARD OF TRUSTEES OF THE CORPORATION FOR TERMS OF ONE

(1) YEAR, BUT ANY MEMBER MAY BE REAPPOINTED. DURING THE INTERVALS BETWEEN

MEETINGS OF THE BOARD OF TRUSTEES, SUBJECT TO SUCH LIMITATIONS AS MAY BE

PRESCRIBED BY RESOLUTION OF THE BOARD OF TRUSTEES, THE EXECUTIVE

COMMITTEE SHALL HAVE GENERAL SUPERINTENDENCE AND ADMINISTRATION OF THE

CURRENT MANAGEMENT OF THE AFFAIRS OF THE CORPORATION, AND MAY EXERCISE

ALL THE AUTHORITY OF THE BOARD OF TRUSTEES WITH RESPECT THERETO INCLUDING

THE POWER TO AUTHORIZE THE SEAL OF THE CORPORATION TO BE AFFIXED TO ALL

PAPERS THAT MAY REQUIRE IT.

FORM 990, PART VI, SECTION A, LINE 2

TRUSTEES MICHAEL ANGELAKIS AND CHRISTINE ANGELAKIS HAVE A FAMILY
RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED INTERNALLY AND REVIEWED BY MANAGEMENT AND

PRICEWATERHOUSECOOPERS, LLP "PWC". THE FULL 990 RETURN, INCLUDING

SCHEDULE B, IS THEN REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT

COMMITTEE. THE FINAL FORM 990, WITH THE EXCEPTION OF SCHEDULE B, IS THEN

MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE

IRS. SCHEDULE B IS AVAILABLE TO ANY MEMBER OF THE BOARD OF TRUSTEES UPON

REQUEST. PWC SIGNS THE RETURN AS PAID PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C

EACH YEAR ALL TRUSTEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF

INTEREST QUESTIONNAIRE AND STATEMENT OF COMPLIANCE. THEIR RESPONSE TO THE

QUESTIONNAIRE IS REVIEWED BY MANAGEMENT. IN ADDITION, PAYROLL AND VENDOR

FILES ARE REVIEWED FOR THE EXISTENCE OF TRANSACTIONS WITH RELATED

PARTIES. IF A CONFLICT OCCURS, THE BOARD MEMBER WILL RECUSE HIM OR

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization

BABSON COLLEGE

04-2103544

HERSELF FROM ANY MATTERS RELATING TO THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 14

BABSON COLLEGE'S BOARD OF TRUSTEES APPROVED A WRITTEN DOCUMENT RETENTION

AND DESTRUCTION POLICY AT ITS OCTOBER 2018 BOARD MEETING. HOWEVER,

RESPONSE STILL REMAINS "NO", SINCE POLICY WAS APPROVED OUTSIDE OF THE

FY18 TAX YEAR. THE POLICY WILL BE SUBJECT TO ADDITIONAL UPDATES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION FOR THE PRESIDENT AND OFFICERS OF THE COLLEGE IS REVIEWED BY HUMAN RESOURCES AT LEAST ONCE A YEAR. THIS REVIEW INCLUDES COMPARING RELEVANT, INDEPENDENT MARKET COMPENSATION AND IS DOCUMENTED. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS PROVIDED APPROPRIATE INFORMATION INCLUDING A RECOMMENDATION FOR COMPENSATION (OR INCREASE IN COMPENSATION). ANY CHANGE TO COMPENSATION FOR THE PRESIDENT AND OFFICERS IS APPROVED BY THIS COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19
BABSON COLLEGE'S FINANCIAL STATEMENTS CAN BE FOUND AT WWW.BABSON.EDU.
BABSON DOES NOT MAKE AVAILABLE TO THE PUBLIC OUR CONFLICT OF INTEREST
POLICY, OR OTHER GOVERNING DOCUMENTS.

FORM 990, PART VII, SECTION ${\tt A}$

ALFRED NANNI AND SHAHID ANSARI ARE FORMER PROVOSTS OF BABSON COLLEGE.

EFFECTIVE JANUARY 2016, BABSON COLLEGE AMENDED ITS BYLAWS TO RE-CLASSIFY CERTAIN POSITIONS. AS SUCH, THEY WILL NO LONGER BE CLASSIFIED AS OFFICERS

Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization

BABSON COLLEGE

04-2103544

AND GOING FORWARD WILL BE LISTED AS FORMER OFFICERS.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSIGHT

OF THE AUDIT. THE COMMITTEE REVIEWS AND APPROVES THE AUDITED FINANICAL

STATEMENTS.

ATTACHMENT	1
ATTACHMENT	上

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONNELLY PARTNERS LLC 46 WALTHAM STREET BOSTON, MA 02118	ADVERTISING	2,277,328.
NORTH COUNTRY ROOFING, LLC 18 NORMAC ROAD WOBURN, MA 01801	CONSTRUCTION	526,321.
PRICEWATERHOUSECOOPERS LLP 101 SEAPORT BOULEVARD BOSTON, MA 02210	AUDIT & TAX SERVICE	385,655.
SIGNATURE PRINTING & CONSULTING 800 WEST CUMMINGS PARK, SUITE 2900 WOBURN, MA 01801	PRINTING	201,563.
HOLLAND & KNIGHT LLP 11050 LAKE UNDERHILL ROAD, SUITE 864084 ORLANDO, FL 32825	LEGAL	186,370.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

BABSON COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number 04-2103544

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)		-				
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	(a) (512(b)(13) (o)(13
						Yes	No
(1) BABSON GLOBAL, INC. 27-1642647							
231 FOREST STREET BABSON PARK, MA 02457	SUPPT ORG	MA	509(A)(3)	LINE 12A, I	BABSON COLLE		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

BABSON COLLEGE 04-2103544

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	Share of total Share of end-of-		(h) proportionate illocations? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Gene	(j) eral or naging tner?	(k) Percentage ownership
		country)		30000010 012 011)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)	-											
(5)	_											
(6)	-											
<u>(7)</u>	-											

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

(b) Primary activity	(c)	(d)	(e)	(f)	(g)	(h)	(:)	4
	Legal domicile (state or foreign country)	Direct controlling	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	(h) Percentage ownership	Sect 512(b) contro entit	ion)(13) olled ty?
FUNDRAISING	MA	N/A	TRUST					Х
								_
		(state or foreign country)	(state or foreign entity country)	(state or foreign country) (C corp, S corp, or trust)	(state or foreign country) (C corp, S corp, or trust) income			Yes I

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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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

1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
	, , , , , , , , , , , , , , , , , , , ,					
f	Dividends from related organization(s)				1f	X
q	Sale of assets to related organization(s)				1g	Х
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
•	, , , , , , , , , , , , , , , , , , , ,					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х
	Sharing of paid employees with related organization(s)				10	X
	3 1 1 7 3 (7					
р	Reimbursement paid to related organization(s) for expenses				1р	X
a a	Reimbursement paid by related organization(s) for expenses				1q	Х
•						
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including cove	ered relationships and trans	action thres	sholds	
	(a)	(b)	(c)	NA - Ale - al -	(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method o	ot aeter nt invol	
		,, ,				
(1)	BABSON GLOBAL, INC.	L	1,893,265.	COST P	LUS	OVERH
(2)	BABSON GLOBAL, INC.	N		INCL I	N AE	BOVE
(3)	BABSON GLOBAL, INC.	S	1,000,000.	ACTUAL	COS	ST
(4)						
(5)						
(6)						

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Part V

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

Schedule R (Form 990) 2017

Yes No

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Are all par section ed 501(c)(i organization		Are all partners Share of total income 501(c)(3) organizations?		ear allocations? amount i		amount in box 20 mage of Schedule K-1 p (Form 1065)		ij) eral or aging ner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No			
_(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

JSA Schedule R (Form 990) 2017

BABSON COLLEGE 04-2103544

Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.