** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

ΑI	For the	e 2020 calendar year, or tax year beginning Ju	JL 1, 2020 and	ending J	JN 30, 202	1			
	Check if applicabl	C Name of organization			D Employe	r identifi	cation number		
Г	Addre								
F	Name chang				39-0	808497			
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite					
F	Final	700 COLLEGE ST			608-363-2250				
	termin	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receip	ots\$	109,319,997.		
Г	Amen	, , , , , , , , , , , , , , , , , , , ,	9 -		H(a) Is this				
F	Applic	F Name and address of principal officer: DR. I	H. SCOTT BIERMAN			ordinates			
	pendi	SAME AS C ABOVE					ncluded? Yes No		
1 -	Tax-ex	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 527	1		list. See instructions		
		te: WWW.BELOIT.EDU			1		n number		
K	orm of	organization: X Corporation Trust As	ssociation Other ►	L Year	of formation: 1	.846 N	■ State of legal domicile: WI		
		Summary		·		·	•		
_	1	Briefly describe the organization's mission or most	significant activities: BELOIT	COLLEGE	IS A RESII	ENTIAL	ı		
Governance		INDEPENDENT, NATIONAL LIBERAL ARTS CO							
rna	2	Check this box if the organization discordance is the organi	than 25% of i	ts net ass	sets.				
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	28		
		Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	28		
Se	5	Total number of individuals employed in calendar y	ear 2020 (Part V, line 2a)			5	1096		
Ζŧ	6	Total number of volunteers (estimate if necessary)				6	131		
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	6,358.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.		
					Prior Yea		Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				36,768.	15,168,012.		
Revenue	9					08,379.	54,104,314.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4,				23,944.	2,973,626.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				94,715.	2,967,092.		
		Total revenue - add lines 8 through 11 (must equal				24,376.	75,213,044.		
		Grants and similar amounts paid (Part IX, column (35,46	59,256.	34,227,779.		
		Benefits paid to or for members (Part IX, column (A			02.05	0.	0.		
es	15	Salaries, other compensation, employee benefits (F		23,8	73,498.	24,331,886.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.		0.		
X	. b	Total fundraising expenses (Part IX, column (D), line			10 10	2 011	19,115,313.		
_	17	Other expenses (Part IX, column (A), lines 11a-11d,				93,011. 35,765.	77,674,978.		
		Total expenses. Add lines 13-17 (must equal Part I)				11,389.	-2,461,934.		
0	9	Revenue less expenses. Subtract line 18 from line	12		ginning of Curr		End of Year		
its o	20	Total assets (Part X, line 16)		De	• •	95,962.	218,918,881.		
ASSE	21	Total liabilities (Part X, line 16)				53,913.	33,237,862.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20			32,049.	185,681,019.		
Pa	art II	Signature Block			,	,	, ,		
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the	best of my	/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wl	hich preparer	has any knowle	edge.			
		\							
Sig	n	Signature of officer			Date				
Her	е	STACIE T. SCOTT, TREAS./VP FINANC	E & PLANNING						
		Type or print name and title				_			
	_	Print/Type preparer's name	Preparer's signature		Date	Check [PTIN		
Paid	d	REBEKUH ELEY	5/14/22	self-employed P01247672					
	parer	Firm's name RSM US LLP		Firm's EIN ▶ 42-0714325					
Use	Only	Firm's address 30 S. WACKER DR, STE 330	0						
		CHICAGO, IL 60606			Pho	ne no.(31	2) 384-6000		
May	v the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No		

Pa	rt III S	Statement of Program S	ervice Accom	plishments			
		Check if Schedule O contains a	response or note t	o any line in this Part III			X
1	Briefly	describe the organization's mis	sion:				
	SEE S	CHEDULE O					
_	D: 111						
2		organization undertake any sig		,			Yes X No
	•						Yes 🚣 No
_	,	describe these new services		and a language of the language of the same			Yes X No
3		organization cease conducting		nt changes in now it co	nducts, any program	services?	Yes A No
		describe these changes on S					h., ., ., .
4		be the organization's program s					
		n 501(c)(3) and 501(c)(4) organiz	•	i to report the amount o	or grants and allocation	is to others, the total	ai experises, and
40		e, if any, for each program servi) (Expenses \$		including grants of \$	34 227 779) (D	54 104 314
4a	(Code: _	MIC AND STUDENT PROGRAM				•) (Revenue \$	31,101,311.
		ED ON THE WISCONSIN FRO					
		A PARTICULAR BRAND OF E					
		, AND BY EXTENSION, THE					
		ELIVERS IT THROUGH A UN					
		NTS IN AN EXPLORATION O	- /				
		SUBJECTS, AND REQUIRES	<u> </u>				
		CTING EDUCATION AND EXP					
	-	. THAT FOCUS ON PROVIDI					
	-	RATION HAS LONG SET THE					
		F 40 "COLLEGES THAT CHA					
		TION EDITOR LOREN POPE,					
4b) (Expenses \$) (Revenue \$	
	(0000) (Expended ¢					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$	
	` _						
4d	Other p	program services (Describe on S	Schedule O.)				
	(Expense	s \$	including grants of \$) (Revenue \$)

66,209,512.

4e Total program service expenses ▶

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Form 990 (2020) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		- 21
u		11d	x	
^	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2020) Part IV Checklist of Required Schedules (continued)

	, the state of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	х	
h	Schedule K. If "No," go to line 25a	24a 24b	21	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			NI.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 92		Yes	No
	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable 1a 52 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	

39-0808497 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1096 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h 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? За Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020)

BELOIT COLLEGE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	8		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
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, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
40-	Did the constitution have been been been been as at the constitution.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
l la b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STACIE T. SCOTT - 608-363-2250			
	700 COLLEGE ST. BELOIT WI 53511			

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	J					from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or	stee			nsateo		(W-2/1099-MISC)	(VV 27 1000 WIICO)	organization
	organizations	truste	al tru)yee	om pe		(** =* ** = * ** ** ** ** ** ** ** ** **		and related
	below	idual	Institutional trustee	Ja.	Key employee	Highest compensated employee	Je.			organizations
	line)	ığ	Insti	Officer	Key	High	Former			
(1) DR. H. SCOTT BIERMAN	40.00									
PRESIDENT				Х				378,235.	0.	48,557.
(2) MS. LESLIE DAVIDSON	40.00									
VP OF ENROLLMENT SERVICES				Х				181,734.	0.	40,893.
(3) MR. ERIC BOYNTON	40.00									
PROVOST & DEAN OF THE COLLEGE				Х				170,626.	0.	43,232.
(4) MS. AMY WILSON	40.00									
VP OF DEVELOPMENT & ALUMNI RELATIONS				Х				183,435.	0.	28,632.
(5) MS. STACIE T. SCOTT	40.00									
TREAS./VP FINANCE & PLANNING				Х				168,717.	0.	32,719.
(6) MS. LORRAINE RHEAD	40.00									
VP OF HUMAN RESOURCES & OPERATIONS				Х				129,361.	0.	38,420.
(7) MR. DANIEL SCHOOFF	40.00									
SECRETARY/CHIEF OF STAFF				Х				126,617.	0.	40,964.
(8) DR. PAMELA MCQUESTEN	40.00									
CHIEF INFORMATION OFFICER						Х		135,285.	0.	30,422.
(9) MR. CECIL YOUNGBLOOD	40.00									
DEAN OF EQUITY, COMMUNITY & STUDENT				Х				138,399.	0.	25,007.
(10) MR. CHARLES DRURY	40.00									
ASSOCIATE PROFESSOR OF THEATRE ARTS						Х		144,091.	0.	0.
(11) MR. JONATHAN URISH	40.00									
ASSISTANT VICE PRESIDENT FOR DEVELOP						Х		101,426.	0.	39,539.
(12) MR. MATTHEW LASZLO	40.00									
BELOIT EXECUTIVE IN RESIDENCE						Х		117,545.	0.	14,801.
(13) MR. DICK NIEMIEC	1.00									
CHAIR		Х		Х				0.	0.	0.
(14) MS.PHYLLIS WOLFF BANUCCI	1.00									
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.
(15) MR. CHRISTOPHER D. BARTOL	1.00									
TRUSTEE		х		L				0.	0.	0.
(16) MR. OSCAR CARDONA, JR.	1.00									
TRUSTEE		х	L_	L_	L_	<u>L</u> _	L_	0.	0.	0.
(17) MR. DONALD CARSON	1.00									
TRUSTEE		Х						0.	0.	0.
										Form 990 (2020)

Form 990 (2020) BELOIT COLLEGE 39-0808497 Page **8**

Form 990 (2020) BELOIT Co	OLLEGE								39-080849	7 Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(D)	(E)	(F)							
Name and title	Average	(do		Pos		າ than ເ	nne	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is to officer and a director/t				n an	compensation	compensation	amount of		
	week (list any				liecto	Ji / ti us		from	from related	other		
	hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	96 Or 0	stee			satec		(W-2/1099-MISC)	(***2/1099-111130)	organization		
	organizations	Individual trustee or director	Institutional trustee		yee	эш		(** = / ********************************		and related		
	below	idual	tution	ja ja	Key employee	est co	Je.			organizations		
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(18) MR. ALEX CATALAN	1.00											
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.		
(19) MR. RAJ FERNANDO	1.00											
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.		
(20) MR. PAUL FOSTER	1.00											
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.		
(21) MS. JO FROMAN	1.00											
TRUSTEE		Х						0.	0.	0.		
(22) MS. OCEANA R. GILLIAM	1.00											
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.		
(23) MS. DIANE HENDRICKS	1.00											
TRUSTEE (THRU 9-01-2020)		Х						0.	0.	0.		
(24) MR. GREG L. HOPPER	1.00											
TRUSTEE		Х						0.	0.	0.		
(25) MR. PHEE BOON KANG	1.00											
TRUSTEE		Х						0.	0.	0.		
(26) MR. DONALD KENT	1.00											
TRUSTEE		Х						0.	0.	0.		
1b Subtotal							>	1,975,471.	0.	383,186.		
c Total from continuation sheets to P	art VII, Section A			0.	0.	0.						
d Total (add lines 1b and 1c)								1,975,471.	0.	383,186.		
2 Total (add lines ib and 10)									200 ()	,		

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

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PAYMERANG, LLC, 7401 BEAUFONT SPRINGS		
DRIVE, RICHMOND , VA 23225	PAYMENT AUTOMATION	11,861,997.
BON APPETIT		
P.O. BOX 91337, CHICAGO, IL 60693	FOOD SERVICES	2,694,619.
TEMPUS LABS, INC, 600 W CHICAGO AVENUE,		
STE. 510, CHICAGO, IL 60654	COVID-19 TESTING SERVICES	351,230.
GENERATION BRANDING AND COMMUNICATION, INC		
21 HAMPDEN STREET, WELLESLEY, MA 02482	MARKETING SERVICES	307,541.
FURMAN BROS, LLC		
305 SCOT DRIVE, CLINTON, WI 53525	MAINTENANCE SERVICES	284,002.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	18	
GDD DIDE UIT GDGDTON I GOVERNMINION GURDEG	-	000

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Form 990 BELOIT COLLEGE 39-0808497

Form 990 BELOIT COLL	EGE								39-08084	197
Part VII Section A. Officers, Directors, T	rustees, Key Er	Compensated Employees (continued)								
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	ibu	Insti	Officer	Key	High	Former			
(27) MS. TORI J. KEY	1.00									
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.
(28) MS. JOANNA KUTTER	1.00									
TRUSTEE		х						0.	0.	0.
(29) MR. STEPHEN MAHLE	1.00									
TRUSTEE		х						0.	0.	0.
(30) MS. CECILY MAJERUS	1.00									
TRUSTEE		x						0.	0.	0.
(31) MR. JONATHAN MASON	1.00									
TRUSTEE		x						0.	0.	0.
(32) MR. HAROLD MAYER	1.00								•	~.
TRUSTEE	1.00	x						0.	0.	0.
(33) MR. CHUCK MCOUAID	1.00	^						0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	1.00							0.	0	0
TRUSTEE (THRU 9-01-2020)	1 00	Х						0.	0.	0.
(34) MS. JUDITH MILLER	1.00	ļ.,							0	•
TRUSTEE	1 00	Х						0.	0.	0.
(35) MR. THOMAS J. O'NEILL	1.00	-								_
TRUSTEE		X						0.	0.	0.
(36) MR. JAMES PACKARD	1.00	-						_	_	_
TRUSTEE (THRU 9-01-2020)		X						0.	0.	0.
(37) MS. SUDHA PAVULURI QUAMME, M.D	1.00	-								
TRUSTEE		X						0.	0.	0.
(38) MS. MARGARET ROBINSON	1.00	1								
TRUSTEE		Х						0.	0.	0.
(39) MR. JAMES SANGER	1.00									
TRUSTEE (THRU 9-01-2020)		Х						0.	0.	0.
(40) MR. ROY SCHNEIDERMAN	1.00									
TRUSTEE (AS OF 2-1-2021)		Х						0.	0.	0.
(41) MR. THOMAS WALCOTT	1.00									
TRUSTEE		Х						0.	0.	0.
(42) MS. NINA WEISSBERG	1.00									
TRUSTEE		х						0.	0.	0.
(43) MR. DON WYATT	1.00									
TRUSTEE		х						0.	0.	0.
(44) MR. ROBERT YOUNG	1.00									
TRUSTEE		х						0.	0.	0.
		1								
		1								
	I									
Total to Dort VII. Section A. line 10										
Total to Part VII, Section A, line 1c									<u> </u>	

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Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O	onta	ains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ņσ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		41					
င်္ခ ဋ		Fundraising events							
fts, r A		. =							
<u>e</u> ë		Government grants (contri			4,546,922.				
Sin		All other contributions, gifts,							
je Ei	•	similar amounts not included			10,621,090.				
흥동	g				2,309,862.				
듯	_	Total. Add lines 1a-1f				15,168,012.			
<u> </u>		Totall / lad in loo la li			Business Code	, ,			
	2 a	TUITION AND FEES			812900	47,922,804.	47,922,804.		
Š	_ b	· 	R		812900	6,181,510.	6,181,510.		
Program Service Revenue	c					, ,	, ,		
E S	d								
P. S.	е								
P.	f		rever	nue					
	g				>	54,104,314.			
	3	Investment income (includ							
		other similar amounts)	Ŭ	•	, •	989,495.		6,358.	983,137.
	4	Income from investment of							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6с						
	d	Net rental income or (loss)	·						
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	35,660,023.	431,061.				
	b	Less: cost or other basis							
e e				34,106,953.					
l en	С	Gain or (loss)	7с	1,553,070.	431,061.				
ther Revenue	d	Net gain or (loss)			>	1,984,131.			1,984,131.
her	8 a	Gross income from fundraising	-	-					
ಕ∣		including \$		of					
		contributions reported on		-					
		Part IV, line 18							
		Less: direct expenses)				
		Net income or (loss) from		-	>				
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from	-	-					
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold			0				
	<u> </u>	Net income or (loss) from	sales	s of inventory .	Business Code				
sn	44 -				Dusilless Code				
Jeo Le	11 a								
Miscellaneous Revenue	b								
Sce	C	All other revenue			900099	2,967,092.			2,967,092.
Ξ						2,967,092.			2,507,052.
	12	Total. Add lines 11a-11d Total revenue. See instruction				75,213,044.	54,104,314.	6,358.	5,934,360.

39-0808497

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 clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gran	its and other assistance to domestic organizations domestic governments. See Part IV, line 21		•	J 1	,
	nts and other assistance to domestic				
indi	viduals. See Part IV, line 22	25,862,910.	25,862,910.		
	nts and other assistance to foreign				
	anizations, foreign governments, and foreign				
indi	viduals. See Part IV, lines 15 and 16	8,364,869.	8,364,869.		
	efits paid to or for members				
5 Con	npensation of current officers, directors,				
trus	tees, and key employees	2,177,020.	601,452.	1,263,768.	311,800
6 Com	pensation not included above to disqualified				
pers	ons (as defined under section 4958(f)(1)) and				
pers	ons described in section 4958(c)(3)(B)				
7 Oth	er salaries and wages	16,048,749.	12,408,377.	2,570,043.	1,070,329
8 Pens	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)	905,631.	664,989.	184,307.	56,335
	er employee benefits	3,722,149.	2,886,855.	587,702.	247,592
10 Pay	roll taxes	1,478,337.	1,026,762.	351,151.	100,424
I1 Fee	s for services (nonemployees):				
a Mar	nagement	199,500.		199,500.	
	al	194,537.		194,537.	
	ounting	225,693.		225,693.	
	bying				
	essional fundraising services. See Part IV, line 17	222 224			
	estment management fees	382,804.		382,804.	
_	er. (If line 11g amount exceeds 10% of line 25,	4 000 006	2 445 450	1 560 160	442.404
	mn (A) amount, list line 11g expenses on Sch 0.)	4,829,826.	3,117,479.	1,569,163.	143,184
	ertising and promotion	25,636.	7,502.	50.	18,084
	ce expenses	1,778,376.	1,189,652.	564,312.	24,412
	rmation technology	218,788.	135,651. 3,367.	80,260.	2,877
	alties	3,367.	-		
	supancy	1,316,227.	1,316,227. 394,952.	52,001.	3,482
17 Trav		430,433.	334,332.	32,001.	3,402
•	ments of travel or entertainment expenses				
	any federal, state, or local public officials	80,191.	62,769.	13,471.	3,951
	ferences, conventions, and meetings	49,082.	44,373.	4,709.	3,331
0 Inte		15,002.	11,575.	2,700.	
	ments to affiliates	4,104,819.	3,253,938.	850,881.	
•		242,475.	21,165.	220,310.	1,000
	er expenses. Itemize expenses not covered	===,=,=,=	,	,	_,500
abov line :	re (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.)				
	D SERVICE	2,339,503.	2,335,116.	4,387.	
~ <u> </u>	AIRS & MAINTENANCE	1,888,381.	1,829,360.	, -	59,021
-	LECTIONS	748,692.	644,766.	103,926.	,
d		, -	, -	,	
	other expenses	36,981.	36,981.		
	I functional expenses. Add lines 1 through 24e	77,674,978.	66,209,512.	9,422,975.	2,042,491
	t costs. Complete this line only if the organization		. ,	. ,	. ,
	rted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
	k here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet Page **11** BELOIT COLLEGE 39-0808497

Pa	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	note to any li	ine in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			91,892.	1	109,394.
	2	Savings and temporary cash investments			40,050,492.	2	15,640,289.
	3	Pledges and grants receivable, net			1,218,219.	3	2,048,156.
	4	Accounts receivable, net			3,248,512.	4	3,941,827.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	s		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ		6			
Ś	7	Notes and loans receivable, net			16,737,049.	7	17,098,281.
Assets	8	Inventories for sale or use			45,990.	8	45,938.
Ä	9	Down at all access and a statement also access			416,309.	9	459,749.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	140,940,735.			
	b	Less: accumulated depreciation	57,177,471.	10c	55,574,995.		
	11	Investments - publicly traded securities	58,546,735.	11	87,182,941.		
	12	Investments - other securities. See Part IV, lin	15,546,883.	12	17,273,744.		
	13	Investments - program-related. See Part IV, lir	16,300.	13	16,300.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4,100,110.	15	19,527,267.		
	16	Total assets. Add lines 1 through 15 (must e			197,195,962.	16	218,918,881.
	17	Accounts payable and accrued expenses			2,701,611.	17	2,901,126.
	18	Grants payable		18			
	19	Deferred revenue	1,055,887.	19	2,179,464.		
	20	Tax-exempt bond liabilities		3,772,866.	20	2,638,705.	
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer officer	, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial cor	ntributor, or 35%			
abi		controlled entity or family member of any of the	nese person	s		22	
	23	Secured mortgages and notes payable to unr	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third par	rties	4,687,300.	24	4,687,300.
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). C	Complete Part X			
		of Schedule D			5,446,249.	25	20,831,267.
	26				17,663,913.	26	33,237,862.
		Organizations that follow FASB ASC 958, or	heck here	▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	57,104,010.	27	55,549,203.		
Ba	28	Net assets with donor restrictions	122,428,039.	28	130,131,816.		
n n		Organizations that do not follow FASB ASC	958, check	k here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fun-				29	
Se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			179,532,049.	32	185,681,019.
	33	Total liabilities and net assets/fund balances			197,195,962.	33	218,918,881.

Form **990** (2020)

Form 990 (2020) BELOIT COLLEGE 39-0808497 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,	213,	044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,	674,	978.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	461,	934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,	532,	049.
5	Net unrealized gains (losses) on investments	5	8,	115,	221.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		495,	683.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	185,	681,	019.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** BELOIT COLLEGE 39-0808497 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,938,022.	18,501,057.	7,607,074.	9,686,768.	15,168,012.	69,900,933.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	18,938,022.	18,501,057.	7,607,074.	9,686,768.	15,168,012.	69,900,933.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,260,190.
	Public support. Subtract line 5 from line 4.						61,640,743.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	18,938,022.	18,501,057.	7,607,074.	9,686,768.	15,168,012.	69,900,933.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,894,646.	4,186,733.	3,536,204.	2,823,287.	983,137.	14,424,007.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	59,685.			30,153.		89,838.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	731,100.	944,422.	3,061,061.	-498,220.	2,967,092.	7,205,455.
11	Total support. Add lines 7 through 10						91,620,233.
	Gross receipts from related activities,	•				12	319,851,804.
13	First 5 years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
80	organization, check this box and stor	_					>
	ction C. Computation of Publi			. (4)			67.29
	Public support percentage for 2020 (I					14	67.28 % 64.99 %
	Public support percentage from 2019					15	,,,
102	33 1/3% support test - 2020. If the content have The experience qualifies						. 77
j.	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		-			or more, check thi	
L							
17-	and stop here. The organization qual 10% -facts-and-circumstances test						
176		-					
	and if the organization meets the fact- meets the facts-and-circumstances te						
j.		J		,		7a and line 15 is 1	
Ĺ	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the organization meets the facts-and-circu		•				ightharpoonup
1Ω	Private foundation. If the organization						-
10	ate roundation. It the organization	an ara mot offect a	oon on mie 10, 10a	, 100, 11a, UL 11D,	UNICON HIIO DUX AI	14 300 111311410110118	

Schedule A (Form 990 or 990-EZ) 2020 BELOIT COLLEGE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	T	T	T	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	e organization's fi	ret eacond third	fourth or fifth tax	Vear as a section 5	1 (01(c)(3) organization	
17	check this box and stop here	J		· ·	•	() ()	· —
Se	ction C. Computation of Public	Support Per	rcentage				
	Public support percentage for 2020 (lii		<u>-</u>	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						▶ □
ı	33 1/3% support tests - 2019. If the		-		•		
	line 18 is not more than 33 1/3%, chec	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10-		
10a		
10b		

Par	t 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 lines 11b and			
		1a		
b		1b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
		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,			
		2		
Sect	tion 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			
		1		
Sect	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		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			
	. ,	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	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			
	,	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	rtions	-)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> 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			
		а		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		
b		b		
	or no supported organization of it res, describe in the total played by the organization in this regard.			

Sche	dule A (Form 990 or 990-EZ) 2020 BELOIT COLLEGE	39-0808497	Page 6		
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D -	- Distributions				Current Year
_1	Amou	unts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	Other distributions (describe in Part VI). See instructions.				
7	Total	annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provi	ide details in Part VI). See instructions.			8	
9	Distri	butable amount for 2020 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount		_	10	
Secti	ion E -	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distri	butable amount for 2020 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
C	From	2017				
d	From	2018				
е	From	2019				
f	Total	l of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2020 distributable amount				
<u>i</u> _	Carry	vover from 2015 not applied (see instructions)				
j_	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	butions for 2020 from Section D,				
	line 7	<u> </u>				
a	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2020 distributable amount				
	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5		aining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6		aining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		VI. See instructions.				
7	Exce and 4	ss distributions carryover to 2021. Add lines 3j				
8		kdown of line 7:				
		ss from 2016				
		ss from 2017				
		ss from 2018				
		ss from 2019				
		ss from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 BELOIT COLLEGE	39-0808497	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section /, Section B, line 1e; Pa	ı C,

BELOIT COLLEGE 39-0808497

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DIANE M. HENDRICKS	10,025,000.	8,192,595.
VIRGINIA B. SALL	1,900,000.	67,595.
Total Excess Contributions to Schedule A, Part II, Line 5		8,260,190.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

B	39-0808497					
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c) General Rule For an organization	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or					
	ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	s total contributions.				
Special Rules						
sections 509(a)(1 any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, durir literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributior is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \frac{1}{2					
Faution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization	Employer identification number
BELOIT COLLEGE	39-0808497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$2,582,068.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,008,780.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$801,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$625,623.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$509,147.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BELOIT COLLEGE	39-0808497

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	### Total contributions 339,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BELOIT COLLEGE

39-0808497

Partii	Noticasti Property (see instructions). Use duplicate copies of Par	t II it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	14,906 UNITS OF VANGUARD DIVIDEND GROWTH FUND		
		\$\$	08/14/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5_	3,780 SHARES OF APPLE INC.		
		\$509,147.	12/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	400 SHARES OF ISHARES RUSSELL 1000 ETF		
		\$\\$	11/12/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	ganization			Employer identification number		
ELOIT C				39-0808497		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line	entry. For organizations			
	completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000	or less for the year. (Enter this info. on	≥ \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of g	gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of g	gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of g	gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number BELOIT COLLEGE 39-0808497

Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds o	r Accoun	its. Complete if the
		organization answered "Yes" on Form 990, Part IV, line		ı		
			(a) Donor advise	ed funds	(b) Fun	ds and other accounts
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year)				
3	Aggre	egate value of grants from (during year)				
4	Aggre	egate value at end of year				
5	Did th	ne organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	l funds	
	are th	ne organization's property, subject to the organization's e	xclusive legal control?			Yes No
6	Did th	ne organization inform all grantees, donors, and donor ad	lvisors in writing that gr	ant funds can be us	sed only	
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose co	nferring	
	impe	rmissible private benefit?				Yes No
Pai	rt II	Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Pa	ırt IV, line 7.	
1	Purp	ose(s) of conservation easements held by the organization	n (check all that apply).	<u>. </u>		
		Preservation of land for public use (for example, recreati	on or education)	Preservation of a	historically	important land area
		Protection of natural habitat		Preservation of a	certified his	storic structure
		Preservation of open space				
2	Com	plete lines 2a through 2d if the organization held a qualific	ed conservation contrib	oution in the form of	a conserva	tion easement on the last
	day c	of the tax year.				Held at the End of the Tax Year
а	Total	number of conservation easements			2a	
b	Total	acreage restricted by conservation easements			2b	
С	Numl	per of conservation easements on a certified historic struc	cture included in (a)		2c	
d	Numl	per of conservation easements included in (c) acquired af	ter 7/25/06, and not or	n a historic structure	•	
	listed	in the National Register			2d	
3	Numl	per of conservation easements modified, transferred, rele	ased, extinguished, or	terminated by the o	rganization	during the tax
	year	>				
4	Numl	per of states where property subject to conservation ease	ement is located			
5	Does	the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violat	ions, and enforcement of the conservation easements it ${f I}$	holds?			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conse	vation ease	ments during the year
	> _					
7	Amou	unt of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	nforcing conservation	n easement	ts during the year
	▶\$					
8	Does	each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)	(4)(B)(i)	
	and s	section 170(h)(4)(B)(ii)?				Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	n easements in its reve	nue and expense st	atement an	d
		ice sheet, and include, if applicable, the text of the footno	ote to the organization's	s financial statemen	ts that desc	ribes the
D -		nization's accounting for conservation easements.	Aut Historiaal Tus		- · · O::I -	· A t-
Pai	rt III	Organizations Maintaining Collections of		easures, or Oth	er Similai	r Assets.
		Complete if the organization answered "Yes" on Form 9				
1a		organization elected, as permitted under FASB ASC 958	•			
		, historical treasures, or other similar assets held for publ	*	•	•	oublic
		ce, provide in Part XIII the text of the footnote to its finance				
b		organization elected, as permitted under FASB ASC 958	•			
	,	istorical treasures, or other similar assets held for public e	exhibition, education, o	or research in furthe	rance of put	olic service,
		de the following amounts relating to these items:				
		Revenue included on Form 990, Part VIII, line 1				\$
	٠,					\$ 722,579.
2		organization received or held works of art, historical treas			ain, provide)
		ollowing amounts required to be reported under FASB AS			_	
		nue included on Form 990, Part VIII, line 1				\$
b	Asse	ts included in Form 990, Part X				\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued			(Form 990) 2020 BELOIT COLI	LEGE				39-080	8497	Pa	age 2
Controllection items (check all that apply):	Pai	t III	Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Oth	er Simila	ar Assets	(continu	ued)	
a	3	Using	the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its	•	ŕ	
b		collec	ction items (check all that apply):								
Expreservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Formation of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X. line 21. It is the organization include an amount on Form 990, Part X. line 21. It is the organization include an amount on Form 990, Part X. line 21. It is the organization include an amount on Form 990, Part X. line 21. It is the organization include an amount on Form 990, Part X. line 21. It is the organization include an amount on Form 990, Part IV, line 10. It is a Beginning of year balance It is a Beginning of year balance It is a Beginning of year balance	а	Х	Public exhibition	d	Loan or exc	hange program					
Power Pow	b	X	Scholarly research	е	Other						
Part	С	X	Preservation for future generations								
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IX, Ine 9 or reported an amount on Form 990, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 11. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. 1b f'*es, "explain the arrangement in Part XIII and complete the following table: C Eeginning balance	4	Provi	de a description of the organization's co	llections and explain	how they further th	ie organization's ex	empt purp	ose in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 91. In Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included no Form 990, Part IX, line 91. In In In In In In In I	5	Durin	g the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simi	lar assets				
The provided an amount on Form 990, Part X, line 21, line 970, Part X, line 21, line 970, Part X, line 970, Part X, line 971, Value 21, line 971, Value 21, line 970, Value 21, line 971, Value 21, line 970, Value 21, line 971, Value 21, line 970, Value 31, Val										X	No
1	Pai	t IV			ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	ine 9, or		
No Form 990, Part X No No No No No No No			reported an amount on Form 990, Par	t X, line 21.							
The set of the set	1a	Is the	organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	ot included	_	_	_	,
Additions during the year								L	Yes		No
to Beginning balance	b	If "Ye	s," explain the arrangement in Part XIII	and complete the foll	owing table:						
d Additions during the year Ending balance Distributions during the year Ending balance Part V Ending balance Part V Ending balance Part V Endowment Funds. Complete if the explanation in has been provided on Part XIII									Amount		
Example Distributions during the year 1 E 1											
f Ending balance	d										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е										
b f **Ves.* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part IV, line 10. 1a Beginning of year balance 87,663,456. 136,744,982. 160,932,873. 159,514,047. 145,155,229. b Contributions 2,266,352. 725,157. 753,090. 1,211,309. 3,658,287. c Net investment earnings, gains, and losses 11,633,866. 1,031,378. 4,294,158. 10,010,843. 18,262,968. d Grants or scholarships	f								7	_	1
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			*				•	L	」Yes	<u> </u>	J No ∃
1											
1a Beginning of year balance 87,663,456 136,744,982 160,932,873 159,514,047 145,155,229 b Contributions 2,266,352 725,157 753,090 1,211,309 3,658,287 c Net investment earnings, gains, and losses of Grants or scholarships 11,633,866 1,031,378 4,294,158 10,010,843 18,262,968 e Other expenditures for facilities and programs 7,453,516 50,838,061 29,235,139 9,803,326 7,562,437 1 Administrative expenses 94,110,158 87,663,456 136,744,982 160,932,873 159,514,047 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 12,3100 % b Permanent endowment ► 12,3100 % 160,932,873 159,514,047 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 360,932,873 159,514,047 3 Are there endowment ► 12,3100 % 150,944,982 160,932,873 159,514,047 4 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 336,061 36,074,074 36,074,047 36,074,047 36,074,047 36,074,047	ıuı	. •	Endowner Tunds. Complete					ara baak	(-) Four		haalı
b Contributions	4.	D									
to Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 7,453,516. 50,838,061. 29,235,139. 9,803,326. 7,562,√37. f Administrative expenses g End of year balance 94,110,158. 87,663,456. 136,744,982. 160,932,873. 159,514,√47. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment ▶ 12.3100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 1 f "Yes" on line 3a(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land Buildings 1 1,907,266. 69,005,811. 48,775,505. Leasehold improvements d Equipment 9 9,771,015. 8,674,710. 1,906,305. e Other ■ Other ■ 11,481,138. 7,685,219. 3,795,919.											
d Grants or scholarships e Other expenditures for facilities and programs 7,453,516. 50,838,061. 29,235,139. 9,803,326. 7,562,437. 1 Administrative expenses g End of year balance 94,110,158. 87,663,456. 136,744,982. 160,932,873. 159,514,047. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 12,3100 % b Permanent endowment ▶ 87,6900 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (e) Accumulated depreciation (f) Equipment (g) Accumulated for property (g) Cost or other basis (other) (g) Accumulated for property (g) Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land (g) Cost or other basis (investment) (g) Accumulated for property (g) For other basis (other) (g) Accumulated for property (g) Form 990, Part X, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	D										
Post	۲ د			11,033,000.	1,031,370.	1,251,150	. 10,	010,043.	10,2	.02,	
Administrative expenses 7,453,516, 50,838,061, 29,235,139, 9,803,326, 7,562,437. Administrative expenses 94,110,158, 87,663,456, 136,744,982, 160,932,873, 159,514,047. 2	u										
Fig. Administrative expenses 94,110,158 87,663,456 136,744,982 160,932,873 159,514,047. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Power and designated or quasi-endowment 12,3100 9	E			7 453 516.	50 838 061.	29 235 139	. 9	803 326.	7 5	562	437.
g End of year balance 94,110,158 87,663,456 136,744,982 160,932,873 159,514,047. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 % 12,3100 %	f	-	-	.,,	,,		, ,	,	,		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				94 110 158.	87 663 456.	136 744 982	. 160	932 873.	159 5	514	047.
a Board designated or quasi-endowment ▶ 12.3100 % b Permanent endowment ▶ 87.6900 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's independent of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Buildings 11, 907, 266. 1, 907, 266. 1, 907, 266. 48, 775, 505. C Leasehold improvements d Equipment G Other Other 9, 771, 015. 8, 674, 710. 1, 096, 305. 9, 799, 919.							<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	, -	,		
b Permanent endowment ▶ 87.6900	- а					y mora ao.					
Term endowment	b		' '								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No			·								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value 1 1, 907, 266. b Buildings 1 1, 907, 266. b Buildings 1 1, 907, 266. c Leasehold improvements d Equipment e Other Other				uld equal 100%.							
by:	За		· · · · · · · · · · · · · · · · · · ·	-	tion that are held ar	nd administered for	the organiz	zation			
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 11,907,266. 1,907,266. 5 1,907,266. C Leasehold improvements C Leasehold improvements G Equipment G Other Other 11,481,138. 7,685,219. 3,795,919.			·	· ·			· ·		Ţ-	Yes	No
(ii) Related organizations3a(ii)XbIf "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b4 Describe in Part XIII the intended uses of the organization's endowment funds.Part VILand, Buildings, and Equipment.Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation1aLand1,907,266.1,907,266.bBuildings117,781,316.69,005,811.48,775,505.cLeasehold improvements9,771,015.8,674,710.1,096,305.dEquipment9,771,015.8,674,710.1,096,305.eOther11,481,138.7,685,219.3,795,919.		-	Inrelated organizations						3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 1 1,907,266. b Buildings 1 17,781,316. 1 290,005,811. 48,775,505. c Leasehold improvements d Equipment 9 9,771,015. 8,674,710. 1,096,305. e Other									- ' '		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) Boo	b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 1 1,907,266. b Buildings 117,781,316. C Leasehold improvements d Equipment Other Other 11,481,138. T,685,219. C Leasehold improvements 11,481,138. C Leasehold improvements C Other	4	Desci									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,907,266. 1,907,266. 1,907,266. b Buildings 117,781,316. 69,005,811. 48,775,505. c Leasehold improvements 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.	Pai	t VI	Land, Buildings, and Equipm	ent.							
tal Land basis (investment) basis (other) depreciation b Buildings 1,907,266. 1,907,266. c Leasehold improvements 48,775,505. d Equipment 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.			Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
1a Land 1,907,266. 1,907,266. b Buildings 117,781,316. 69,005,811. 48,775,505. c Leasehold improvements 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.			Description of property	` '	' '	, ,			(d) Book	value	Э
b Buildings 117,781,316. 69,005,811. 48,775,505. c Leasehold improvements 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.				basis (investm	·	` '	depreciatio	n			
c Leasehold improvements 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.	1a	Land							1,9	07,	266.
d Equipment 9,771,015. 8,674,710. 1,096,305. e Other 11,481,138. 7,685,219. 3,795,919.					117	,781,316.	69,005	,811.	48,7	175,	505.
e Other 11,481,138. 7,685,219. 3,795,919.	С	Lease	ehold improvements								
	d	Equip	oment								
					11	,481,138.	7,685	,219.			

Schedule D (Form 990) 2020		<u> </u>	39-0808497 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or er	ad of year market value
10 = 11 11 11 11	(b) book value	(c) Method of Valuation. Cost of el	iu-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) ALTERNATIVE INVESTMENTS	17,273,744.	END-OF-YEAR MARKET VALUE	
	17,273,744.	DND OF THE MIRRET VIDOR	
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Tatal (Col. (h) must equal Form 000. Part V. col. (D) line 10.)	17,273,744.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	17,273,744.		
	F 000 D+ N/ P 4	1 - O - Farma 000 Bart V Fra 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	ad of year market value
	(b) Book value	(c) Method of Valuation. Cost of el	id-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	E 000 D 1 1 1 1 1	1.0 5 000 5 17 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
DONOGRADIA TUMODOGA IN DODDOGANIA MONG	•		` '
(1) BENEFICIAL INTEREST IN PERPETUAL TRUS	T		3,603,843.
(2) FUNDS HELD IN TRUST BY OTHERS	n		831,325.
(3) CASH SURRENDER VALUE IN LIFE INSURANC	<u>r</u>		366,216.
(4) OPERATING ROU LEASE ASSET			14,725,883.
(5)			
(6)			
(7)			
(8)			
			10 527 267
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>		19,527,267.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) STUDENT DEPOSITS AND DEFERRED GRANT R	EVENUE		357,334.
(3) ANNUITIES PAYABLE			4,190,021.
(4) REFUNDABLE ADVANCES			928,928.
(5) OTHER LIABILITIES			92,043.
(6) OPERATING RIGHT OF USE LEASE LIABILIT	Y		15,262,941.
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	•	20,831,267.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

_ X

	ciliation of Revenue per Audited Finan e if the organization answered "Yes" on Form 990,		per Return.	
	ains, and other support per audited financial state		1	
, 0	ed on line 1 but not on Form 990, Part VIII, line 12:			
		1 1		
	gains (losses) on investments es and use of facilities			
	rior year grants			
	in Part XIII.)			
			20	
	from line 1ed on Form 990, Part VIII, line 12, but not on line 1			
		_		
•				
	in Part XIII.)		10	
c Add lines 4a and				
5 Total revenue. A	add lines 3 and 4c. <u>(This must equal Form 990. Par</u> ciliation of Expenses per Audited Final	ncial Statements With Expense:	s per Return.	
	e if the organization answered "Yes" on Form 990,		- por 1101a	
	and losses per audited financial statements		1	
	ed on line 1 but not on Form 990, Part IX, line 25:			
	es and use of facilities	2a		
	tments			
	in Part XIII.)			
•	ough 2d		2e	
	from line 1			
	ed on Form 990, Part IX, line 25, but not on line 1:			
	enses not included on Form 990, Part VIII, line 7b			
	in Part XIII.)			
c Add lines 4a and	.1.41.		4c	
	Add lines 3 and 4c. (This must equal Form 990. Pa	ort Llina 10 \		
Part XIII Supple	emental Information.	art i, iiile 10.)		
	ns required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4: Part IV lines 1h and 2h: Part	V line 4: Part X line 2: Par	rt XI
•	Part XII, lines 2d and 4b. Also complete this part to		v, iii c 4, i ait X, iii c 2, i a	ι τ / Λι,
iii les zu aria 45, aria i	art XII, III es 24 and 45. Also complete this part to	provide any additional information.		
PART III, LINE 4	:			
THE COLLEGE MAIN	TAINS AN ANTHROPOLOGICAL MUSEUM AND A	N ART MUSEUM. THE		
COLLECTIONS ARE 1	DISPLAYED FOR PUBLIC VIEWING. HOWEVER	, SPACE LIMITATIONS		
REQUIRE THAT ONLY	Y PORTIONS OF THE COLLECTION ARE DISP	LAYED AT A GIVEN		
TIME. THE COLLECT	FIONS AND THEIR PRESERVATION ARE USED	IN THE CLASSROOM		
SETTING FOR INST	RUCTIONAL PURPOSES IN AREAS OF STUDY	SUCH AS ANTHROPOLOGY,		
ART AND MUSEUM S	fudies.			
PART V, LINE 4:				
THE PURPOSE OF TI	HE COLLEGE'S ENDOWMENT FUND IS TO PRO	VIDE A CONTINUOUS		
SOURCE OF FUNDING	G TO SUPPORT THE MISSION OF THE INSTI-	TUTION. ENDOWMENT		
FUND EXPENDITURE	S PROVIDE FUNDING FOR SCHOLARSHIPS, F.	ACULTY SALARIES,		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization BELOIT COLLEGE 39-0808497 Part I

Ра				
			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	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II SEE PART II	3	Х	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	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		Х
	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			
7	J 11 11 11 11 11 11 11 11 11 11 11 11 11			

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

Schedule E (Form 990 or 990-EZ) 2020

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
BELOIT COLLEGE IS A FOUR YEAR PRIVATE LIBERAL ARTS
INSTITUTION THAT DRAWS STUDENTS NOT ONLY NATIONWIDE BUT
WORLDWIDE. MATERIALS USED IN PROMOTIONAL ACTIVITIES AND
RECRUITING EFFORTS INCLUDE STATEMENTS THAT BELOIT COLLEGE
DOES NOT DISCRIMINATE AGAINST STUDENTS, APPLICANTS FOR
ADMISSION, APPLICANTS FOR FINANCIAL ASSISTANCE, APPLICANTS FOR EMPLOYMENT,
OR EMPLOYEES ON THE BASIS OF SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN,
ANCESTRY, AGE, SEXUAL ORIENTATION, OR PHYSICAL OR MENTAL DISABILITIES
UNRELATED TO INSTITUTIONAL JOBS, PROGRAMS, OR ACTIVITIES.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
BELOIT COLLEGE DID RECEIVE FEDERAL FUNDS, WHICH WERE USED FOR STUDENT
PROGRAMS/ENTITLEMENTS SUCH AS PELL GRANTS, SEOG GRANTS, AND WORKSTUDY
PROGRAMS.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" 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 Inspection

Name of the organization

Employer identification number

BELOIT COLLEGE 39-0808497 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 GRANTS 73,982. EAST ASTA AND THE PACIFIC 0 0 GRANTS 732,424. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTS 4,520. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS 14,250. RUSSIA AND NEIGHBORING STATES 0 0 GRANTS 20,808. SOUTH AMERICA 0 0 GRANTS 100. 0 SOUTH ASIA GRANTS 266,716. SUB-SAHARAN AFRICA 0 0 GRANTS 74,006. 0 0 1,186,806. 3 a Subtotal **b** Total from continuation 0 0 7,178,063. sheets to Part I Totals (add lines 3a 0 O 8,364,869.

and 3b)

Schedule F (Form 990) BELOIT COLLEGE 39-0808497 Page 1

Schedule F (Form 990)	BELOIT COLLE			39-0808497	Page ⁻
Part I Continuatio	n of Activitie	s per Regior	• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	SCHOLARSHIPS		145,694.
EAST ASIA AND THE					
PACIFIC	0	0	SCHOLARSHIPS		4,736,898.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SCHOLORSHIPS		133,858.
MIDDLE EAST AND NORTH AFRICA	0	0	SCHOLORSHIPS		60,883.
					, , , , ,
					05.400
NORTH AMERICA	0	0	SCHOLARSHIPS		26,429.
RUSSIA AND					
NEIGHBORING STATES	0	0	SCHOLARSHIPS		79,858.
SOUTH AMERICA	0	0	SCHOLARSHIPS		59,653.
SOUTH ASIA	0	0	SCHOLARSHIPS		1,557,013.
SUB-SAHARAN AFRICA	0	0	SCHOLARSHIPS		377,777.
Totals	•				7,178,063.

Schedule F (Form 990) 2020 BELOIT COLLEGE 39-0808497 Page **2**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					
exempt 501(c)(3) orga			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			

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

Schedule F (Form 990) 2020

Part III can be duplicated in	f additional space is needed	d .					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA						
GRANT	AND THE CARIBBEAN	4	73,982.	SEE PART V	0.		
GRANT	EAST ASIA AND THE PACIFIC	120	732,424.	SEE PART V	0.		
	EUROPE (INCLUDING						
GRANT	GREENLAND)	4	4,520.	SEE PART V	0.		
GRANT	MIDDLE EAST AND NORTH AFRICA	1	14,250.	SEE PART V	0.		
	RUSSIA AND NEIGHBORING						
GRANT	STATES	1	20,808.	SEE PART V	0.		
GRANT	SOUTH AMERICA	1	100.	SEE PART V	0.		
GD 1/4	govern 1 g z 3	40	066 816				
GRANT	SOUTH ASIA	40	266,716.	SEE PART V	0.		
	SUB-SAHARAN						
GRANT	AFRICA CENTRAL AMERICA	7	74,006.	SEE PART V	0.		
	AND THE CARIBBEAN - ANTIGUA &						
SCHOLARSHIP	BARBUDA, ARUBA,	4	145,694.	SEE PART V	0.		

Schedule F (Form 990) BELOIT COLLEGE 39-0808497 Page **3**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, stricty
SCHOLARSHIP	EAST ASIA AND THE PACIFIC	145	1 726 000	SEE PART V	0.		
SCHOLARSHIP	PACIFIC	145	4,730,636.	SEE PARI V	0.		
	EUROPE (INCLUDING						
	ICELAND &						
SCHOLARSHIP	GREENLAND)	4	133,858.	SEE PART V	0.		
	MIDDLE EAST AND						
SCHOLARSHIPS	NORTH AFRICA	3	60,883.	SEE PART V	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
SCHOLARSHIP	THE UNITED STATES	1	26,429.	SEE PART V	0.		
	DUGGT3 337D						
	RUSSIA AND						
aguot anguan	NEIGHBORING STATES	2	70 050	CHE DADM V	0		
SCHOLARSHIP	STATES	2	79,050.	SEE PART V	0.		
SCHOLARSHIP	SOUTH AMERICA	1	59,653.	SEE PART V	0.		
			, -				
SCHOLARSHIP	SOUTH ASIA	46	1,557,013.	SEE PART V	0.		
	SUB-SAHARAN						
SCHOLARSHIP	AFRICA	11	377,777.	SEE PART V	0.		

e F (Form 990) 2020 BELOIT COLLEGE 39-0808497 Page **4**

Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

<u>Schedule F (Form 990) 2020</u> BELOIT COLLEGE 39-0808497 Page **5**

	agc o
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART I, LINE 2:	
GRANT FUNDS AWARDED IN THE FORM OF STUDENT FINANCIAL ASSISTANCE IS	
CREDITED TO THEIR TUITION ACCOUNT TO ASSIST IN COVERING THE COST OF	
TUITION.	
IN CASES WHERE FUNDS ARE SPENT AWAY FROM CAMPUS, APPROPRIATE	
DOCUMENTATION IS REQUIRED TO BE SUBMITTED AND APPROVED TO SUBSTANTIATE	
THE EXPENSE.	

Schedule F (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2020
Open to Public Inspection

of the organization BELOIT COLLEGE						Employer identification nu 39-0808497
I General Information on Grants and Assista	INCA					33 0000437
Does the organization maintain records to substant		ar assistance the	avantana' aliaibilitu	for the grants or occi	atanaa and tha aalaati	
-	_			-		
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for		funda in the United				res
II Grants and Other Assistance to Domestic				:	/a.a.ll. a.a. Fa 000 David	. IV line Od for our
Grante and Other Accidence to Bennestie	=			anization answered	res on Form 990, Pan	. IV, line 21, for any
recipient that received more than \$5,000. Part (a) Name and address of organization or government (b) E		(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
				ouror)		
			1			

<u>Schedule I (Form 990) 2020</u> BELOIT COLLEGE 39-0808497 Page **2**

(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 noncash assistance
TUDENT FINANCIAL ASSISTANCE	771	25,862,910.	0.	_	_
		, ,			
Part IV Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
RANTS ARE AWARDED IN THE FORM OF FINANCIAL A	SSISTANCE TOWARDS	THE PAYMENT			
F TUITION AND FEES IN WHICH CASE THE GRANT A	MOUNTS ARE APPLIED	DIRECTLY TO			
HE STUDENT'S ACCOUNT. OTHER GRANTS ARE AWARD					
TUDENTS, FACULTY AND STAFF FOR EDUCATIONAL OF					
HESE CASES EXPENSE VERIFICATION IS REQUIRED	IN THE FORM OF REC	EIPTS AND			
THER APPROPRIATE DOCUMENTATION.					

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number BELOIT COLLEGE 39-0808497

Pa	art I 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.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X 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	Х	
3	Indicate which, if any, of the following the 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			
	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:			
	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ĺ

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 BELOIT COLLEGE 39-0808497 Page **2**

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. H. SCOTT BIERMAN	(i)	363,235.	0.	15,000.	19,950.	28,607.	426,792.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. LESLIE DAVIDSON	(i)	173,223.	0.	8,511.	20,400.	20,493.	222,627.	0.
VP OF ENROLLMENT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. ERIC BOYNTON	(i)	170,626.	0.	0.	12,950.	30,282.	213,858.	0.
PROVOST & DEAN OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. AMY WILSON	(i)	183,435.	0.	0.	6,825.	21,807.	212,067.	0.
VP OF DEVELOPMENT & ALUMNI RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. STACIE T. SCOTT	(i)	168,717.	0.	0.	6,270.	26,449.	201,436.	0.
TREAS./VP FINANCE & PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. LORRAINE RHEAD	(i)	129,361.	0.	0.	10,071.	28,349.	167,781.	0.
VP OF HUMAN RESOURCES & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. DANIEL SCHOOFF	(i)	126,617.	0.	0.	9,915.	31,049.	167,581.	0.
SECRETARY/CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0,	0.	0.
(8) DR. PAMELA MCQUESTEN	(i)	133,985.	0.	1,300.	9,915.	20,507.	165,707.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MR. CECIL YOUNGBLOOD	(i)	137,679.	0.	720.	10,150.	14,857.	163,406.	0.
DEAN OF EQUITY, COMMUNITY & STUDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 BELOIT COLLEGE 39-0808497 Page **3**

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.

PART I, LINE 1A:

DISCRETIONARY SPENDING ACCOUNT: THE PRESIDENT HAS A DISCRETIONARY SPENDING

ACCOUNT OF \$15,000. THIS BENEFIT IS TREATED AS OTHER TAXABLE COMPENSATION

TO H. SCOTT BIERMAN.

THE COLLEGE PAID \$720 TO DR. CECIL YOUNGBLOOD IN 2020 AS A DISCRETIONARY

SPENDING ACCOUNT. THIS BENEFIT IS TREATED AS OTHER TAXABLE COMPENSATION TO

CECIL YOUNGBLOOD.

LESLIE DAVIDSON WAS PAID \$8 511 IN OTHER TAXABLE COMPENSATION. \$3 158 WAS

FOR A NEGOTIATED AMOUNT FOR NON-SPOUSAL HEALTH INSURANCE COVERAGE AND

\$5,353 WAS FOR MASTER'S DEGREE TUITION REIMBURSEMENT.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES: AS A

CONDITION OF EMPLOYMENT THE PRESIDENT OF BELOIT COLLEGE IS REQUIRED TO

RESIDE IN THE PRESIDENT'S HOUSE. THE PRESIDENT'S HOUSE SERVES BOTH AS A

PERSONAL RESIDENCE AS WELL AS A VENUE FOR THE CARRYING ON OF COLLEGE

BUSINESS REGULARLY. THE COLLEGE HAS DETERMINED THAT THE VALUE OF THE USE OF

THIS PERSONAL RESIDENCE IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT

BELOIT COLLEGE 39-0808497 Schedule J (Form 990) 2020 Page 3 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. AS PROVIDED FOR IN INTERNAL REVENUE CODE SECTION 119. CONSISTENT WITH THE USE OF THE RESIDENCE AS A VENUE FOR COLLEGE BUSINESS, A PART-TIME HOUSEKEEPER IS ASSIGNED TO CLEAN UP AND ASSIST WITH SUCH USE. THE VALUE OF THIS BENEFIT WAS \$28,295 IN 2020. THE VALUE OF THE HOUSING ALLOWANCE WAS \$15,000, IN 2020.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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.

2020
Open to Public Inspection

Name of the organization

BELOIT COLLEGE

Employer identification number 39-0808497

Par	t I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descript	ion of purpose	(g) De	Defeased (h) On beh of issuer			(i) Po	
									Yes	No	Yes	No	Yes	No
1	WISC. HEALTH & EDUCATIONAL						CURRENT REF	UND BONDS						
Α	FACILITIES AUTHORITIES	39-1337855	97712DSK3	09/14/16	26,7	46,813.	ISSUED APRI	L 28, 2010		Х		Х		х
В														
С														
<u>D</u>														
Par	t II Proceeds							_						
				26			В	С				D		
1					,131,813.									
_2	Amount of bonds legally defeased				,746,813.									
3	Total proceeds of issue				,740,013.									
_ <u>4</u> _5	Gross proceeds in reserve funds			I										
6	Capitalized interest from proceeds Proceeds in refunding escrows													
7					317,465.									
8					,									
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds													
11	Other spent proceeds				,429,348.									
12														
13	Year of substantial completion				2016									
	·			Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refundin	g issue of tax-exempt	bonds (or,											
	if issued prior to 2018, a current refunding is	ssue)?			Х									
15	Were the bonds issued as part of a refunding	g issue of taxable bor	nds (or, if											
	issued prior to 2018, an advance refunding	issue)?												
16	Has the final allocation of proceeds been ma	ade?		Х										
17	Does the organization maintain adequate bo													
	final allocation of proceeds?			Х										

 Schedule K (Form 990) 2020
 BELOIT COLLEGE
 39-0808497
 Page 2

Part	t III Private Business Use								
			A	I	3	C)	D)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
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?		X						
Part	t IV Arbitrage								
			<u> </u>	I		C			·
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						
	If "No" to line 1, did the following apply?								
	Rebate not due yet?	Х							
	Exception to rebate?		X						
С	No rebate due?		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?		X						

 Schedule K (Form 990) 2020
 BELOIT COLLEGE
 39-0808497
 Page 3

Part IV Arbitrage (continued)									
		A		В		3	D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?	Х								
b Name of provider									
c Term of hedge									
d Was the hedge superintegrated?		Х							
e Was the hedge terminated?		Х							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	X								
Part V Procedures To Undertake Corrective Action	_		_		_				
		A	ļ I	В		Ç	Г	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	Х								
Part VI Supplemental Information. Provide additional information for responses to question	ns on Schedule	K. See instr	ructions.						

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

BELOIT COLLEGE 39-0808497 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 172,519. APPRAISAL VALUE Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Х 543. APPRAISAL VALUE 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 2,115,459. FAIR MARKET VALUE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (MUSIC DEPARTM Х 4 13,429. APPRAISAL VALUE 25 (OTHER 7 Х 6,932. APPRAISAL VALUE 26 Other > Х 6 733. APPRAISAL VALUE (ARCHIVES 27 Other (GIVING DAY DO Х 4 248. APPRAISAL VALUE 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2020

LHA

describe in Part II.

is r	pplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization eporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete part for any additional information.
SCHEDULE M,	PART I, COLUMN (B):
THE ORGANIZA	TION IS REPORTING A COMBINATION OF THE NUMBER OF
CONTRIBUTION	S AND THE NUMBER OF ITEMS RECEIVED.
SCHEDULE M,	LINE 32B:
IT IS THE GE	NERAL POLICY OF THE COLLEGE TO SELL OR OTHERWISE DISPOSE OF
ALL GIFTS OF	PERSONAL PROPERTY IN ORDER TO USE THE PROCEEDS TO ADVANCE
ITS ACTIVITI	ES, UNLESS THE PROPERTY ITSELF FURTHERS THE MISSION OF THE
COLLEGE SUCH	AS CERTAIN ARTWORK, PIECES OF INTEREST FOR THE LOGAN
MUSEUM, VALU	ABLE MANUSCRIPTS, ETC. ONCE THE PROPERTY IS TRANSFERRED A
KNOWLEDGEABL	E AGENT IS SOUGHT TO EFFICIENTLY DISPOSE OF THE PROPERTY
FOR MAXIMUM	PROCEEDS.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Open to Public Inspection

Employer identification number

39-0808497 BELOIT COLLEGE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONTINUOUS INSTITUTION OF HIGHER LEARNING. THE COLLEGE IS A NATIONAL LEADER IN DELIVERING A RIGOROUS. TIME-TESTED LIBERAL ARTS EXPERIENCE THAT STUDENTS ARE REQUIRED TO APPLY AND TEST IN THEIR CHOSEN FIELDS OF STUDY, LOCAL COMMUNITY, SOCIAL ORGANIZATIONS AND AROUND THE WORLD. THE COLLEGE'S COMMITMENT TO ITS STUDENTS, FACULTY, STAFF, NAMESAKE CITY AND WORLD ARE CALLED OUT IN ITS MISSION STATEMENT, A STUDENT-RATIFIED STATEMENT OF CULTURE, AS WELL AS ITS PUBLIC COMMITMENTS TO INCLUSIVITY AND DIVERSITY, ACCESS, AND THE PUBLIC GOOD. TO LEARN MORE ABOUT BELOIT VISIT WWW.BELOIT.EDU/MOREBELOIT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BELOIT COLLEGE ENGAGES THE INTELLIGENCE, IMAGINATION, AND CURIOSITY OF ITS STUDENTS, EMPOWERING THEM TO LEAD FULFILLING LIVES MARKED BY HIGH ACHIEVEMENT, PERSONAL RESPONSIBILITY, AND PUBLIC CONTRIBUTION IN A DIVERSE SOCIETY. OUR EMPHASIS ON INTERNATIONAL AND INTERDISCIPLINARY PERSPECTIVES, THE INTEGRATION OF KNOWLEDGE WITH EXPERIENCE, AND CLOSE COLLABORATION AMONG PEERS, PROFESSORS, AND STAFF EQUIPS OUR STUDENTS TO APPROACH THE COMPLEX PROBLEMS OF THE WORLD ETHICALLY AND THOUGHTFULLY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 45 ACADEMIC PROGRAMS MORE THAN 50 STUDENT CLUBS 18 VARSITY SPORTS AND COUNTLESS OTHER OPPORTUNITIES THAT RANGE FROM HANDS-ON FIELD AND INTERNSHIP EXPERIENCES BOTH LOCALLY AND GLOBALLY. TO COLLEGE-FUNDED STUDENT BUSINESS STARTUPS

Name of the organization	Employer identification number
BELOIT COLLEGE	39-0808497
DURING THE 2020-21 ACADEMIC YEAR, THE COLLEGE SERVED 978 STUDENTS, FROM	
34 COUNTRIES, 46 STATES, AND THE DISTRICT OF COLUMBIA. THE COLLEGE	
OFFERED COURSES IN FALL, SPRING, AND SUMMER SESSIONS AND PROVIDED	
EDUCATIONAL SERVICES BOTH DOMESTICALLY AND THROUGH STUDY ABROAD	
PROGRAMS. THE COLLEGE GRADUATED 307 STUDENTS DURING THE YEAR, WHILE	
PROVIDING FINANCIAL ASSISTANCE TO 99 PERCENT OF DEGREE-SEEKING	
STUDENTS.	
ENROLLMENT AND DEVELOPMENT: DURING THE RECRUITMENT CYCLE FOR STUDENTS	
STARTING IN FALL 2020, THE COLLEGE RECEIVED 3,140 APPLICATIONS FROM	
FIRST-TIME, DEGREE-SEEKING STUDENTS. THE 187 STUDENTS WHO ENROLLED WILL	
GRADUATE AS THE CLASS OF 2024.	
THE COLLEGE CONTINUES TO RECEIVE RECOGNITION FROM EXTERNAL EVALUATORS	
AND PEERS ACROSS THE COUNTRY FOR THE QUALITY OF ITS UNDERGRADUATE	
TEACHING, CURRICULAR INNOVATIONS, ENTREPRENEURIAL AND STUDY ABROAD	
PROGRAMS, AND MORE. THESE REPUTATIONAL MEASURES, WHICH REFLECT THE	
COLLEGE'S INCREASING VISIBILITY, INCLUDE BEING NAMED THE #5 MOST	
INNOVATIVE SCHOOL BY U.S. NEWS & WORLD REPORT AND BEING ON THE NAMED	
LISTS FOR "BEST UNDERGRADUATE TEACHING," "FIRST YEAR EXPERIENCE TO LOOK	
FOR" AND "MOST INTERNATIONAL STUDENTS." U.S. NEWS & WORLD REPORT RANKS	
BELOIT COLLEGE NATIONALLY AT #80 AMONG LIBERAL ARTS COLLEGES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BELOIT COLLEGE'S FORM 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC	
ACCOUNTING FIRM. A DRAFT OF THE FORM 990 WAS PROVIDED ELECTRONICALLY TO THE	
BOARD OF TRUSTEES' AUDIT COMMITTEE FOR REVIEW AT THE FEBRUARY AUDIT	
COMMITTEE MEETING. THE FEBRUARY MEETING AGENDA INCLUDED DISCUSSION OF	

Name of the organization BELOIT COLLEGE QUESTIONS OR CONCERNS REGARDING THE INFORMATION CONTAINED IN THE FORM 990. ONCE ALL ISSUES AND QUESTIONS REGARDING THE RETURN WERE RESOLVED, THE FORM 990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES. AN UPDATED VERSION WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE AUDIT	nployer identification number 39-0808497
ONCE ALL ISSUES AND QUESTIONS REGARDING THE RETURN WERE RESOLVED, THE FORM 990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES. AN UPDATED VERSION	
990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES. AN UPDATED VERSION	
WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE AUDIT	
COMMITTEE FOR ADDITIONAL MATTERS TO BE ADDRESSED AND RESOLVED. THE	
FINALIZED VERSION OF FORM 990 WAS FILED WITH THE IRS ON OR BEFORE THE MAY	
15TH FILING DEADLINE.	
TO RESPECT THE WISHES OF CERTAIN DONORS TO REMAIN ANONYMOUS, WE HAVE CHOSEN	
NOT TO PROVIDE A FULL DISCLOSURE COPY OF THE 990 TO THE FULL GOVERNING	
BOARD OF BELOIT COLLEGE. THE BOARD DOES, HOWEVER, RECEIVE A FULL REPORT	
LESS THE DONOR NAMES AND ADDRESSES TO REVIEW. A FULL DISCLOSURE COPY, WITH	
ALL DONOR INFORMATION, WILL BE FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST	
DOCUMENTS ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF	
INTEREST, ANY PERSON COVERED BY THIS POLICY MUST DISCLOSE THE EXISTENCE OF	
THE CONFLICT ISSUE AND ALL MATERIAL FACTS CONCERNING THE ISSUE. THE BOARD	
OF TRUSTEES MUST REVIEW AND APPROVE ALL SUBSTANTIAL CONFLICTING ACTIVITIES	
OF ALL TRUSTEES. THE AUDIT & RISK MANAGEMENT COMMITTEE MUST REVIEW AND	
APPROVE ALL SUBSTANTIAL CONFLICTING ACTIVITIES OF CORPORATE OFFICERS. WHEN	
THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER	
SHALL BE RESOLVED BY THE AUDIT & RISK MANAGEMENT COMMITTEE FOR CORPORATE	
OFFICERS AND THE EXECUTIVE COMMITTEE FOR THE TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COLLEGE PARTICIPATES ANNUALLY IN AN OFFICER COMPENSATION SURVEY	

Name of the organization BELOIT COLLEGE	Employer identification number 39-0808497
CONDUCTED BY THE WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND	
UNIVERSITIES (WAICU), AND AN ANNUAL ADMINISTRATIVE SALARY SURVEY CONDUCTED	
BY THE ASSOCIATED COLLEGES OF THE MIDWEST (ACM) WITH BI-ANNUAL INCLUSION OF	
THE GREAT LAKES COLLEGES ASSOCIATION (GLCA). THE SURVEYS ARE REVIEWED AS A	
PART OF THE PROCESS FOR DETERMINING ENCUMBENT SALARY INCREASES ANNUALLY.	
ADDITIONALLY, THE SURVEYS AND INDEPENDENT COMPARABILITY DATA FROM THE WAICU	
AND ACM/GLCA SCHOOLS WERE UTILIZED TO DETERMINE COMPENSATION FOR HIRING	
EXECUTIVES, OFFICERS AND KEY STAFF TO FILL VACANCIES.	
THE EXECUTIVE COMMITTEE OF THE BELOIT COLLEGE BOARD OF TRUSTEES ACTS AS THE	
COMPENSATION COMMITTEE. THERE ARE 6 MEMBERS OF THIS COMMITTEE, THE CHAIR OF	
THE BOARD, THE CHAIR OF THE BUDGET COMMITTEE, AND 4 MEMBERS ELECTED FROM	
THE FULL BOARD.	
THE PROCESS USED TO DETERMINE THE COMPENSATION OF THE PRESIDENT AND TO	
REVIEW THE COMPENSATION OF THE OFFICERS OF THE COLLEGE IS DETAILED BELOW:	
1. MARKET DATA FROM COMPENSATION SURVEYS OF MEMBER COLLEGES OF THE	
ASSOCIATED COLLEGES OF THE MIDWEST/GREAT LAKES COLLEGES ASSOCIATION	
(ACM/GLCA), MEMBER COLLEGES OF THE WISCONSIN ASSOCIATION OF INDEPENDENT	
COLLEGES AND UNIVERSITIES (WAICU), AND TWENTY COMPARATIVE NATIONAL	
RESIDENTIAL LIBERAL ARTS COLLEGES BELOIT USES FOR A VARIETY OF PURPOSES ARE	
USED TO COMPARE THE SALARIES, BENEFITS AND OTHER PERQUISITES OF THE	
PRESIDENT AND OFFICERS OF THE COLLEGE.	
2. THE EXECUTIVE COMMITTEE USES THE MARKET DATA AS PART OF THEIR	
DECISION PROCESS. PRIOR TO THE SPRING BOARD OF TRUSTEES MEETING, THE	
EXECUTIVE COMMITTEE IS ALSO PROVIDED WITH AN ANNUAL REPORT AND REFLECTION	
ON THE PREVIOUS YEAR AUTHORED BY THE PRESIDENT. THIS IS DISCUSSED BY THE	
EXECUTIVE COMMITTEE WITH THE PRESIDENT AND IN EXECUTIVE SESSION AT THEIR	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization BELOIT COLLEGE	Employer identification number 39-0808497
SPRING MEETING. FOLLOWING THIS DISCUSSION, THE EXECUTIVE COMMITTEE DECIDES	
ON A COMPENSATION PROPOSAL TO BRING TO THE FULL BOARD.	
3. THE EXECUTIVE COMMITTEE TAKES THEIR RECOMMENDATION REGARDING THE	
PRESIDENT'S COMPENSATION FOR REVIEW AND CONSIDERATION TO THE FULL BOARD	
ALSO AT THE SPRING BOARD OF TRUSTEES MEETING. AT THIS MEETING, THE	
EXECUTIVE COMMITTEE SUMMARIZES THE PRESIDENT'S ANNUAL REPORT, THEIR OWN	
DELIBERATIONS, AND THE ARGUMENT FOR THE COMPENSATION RECOMMENDATION THEY	
ARE PROPOSING.	
4. ONCE THE COMPENSATION PACKAGE IS APPROVED, IT IS COMMUNICATED TO	
THE VICE PRESIDENT FOR HUMAN RESOURCES AND OPERATIONS WHO IMPLEMENTS THE	
DECISION FOR THE NEXT FISCAL YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE. OTHER	
DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS	
SET FORTH IN IRC SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENTS TO ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE 863,573.	
LOSS FROM SUBSIDIARIES -367,890.	
TOTAL TO FORM 990, PART XI, LINE 9 495,683.	

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	BELOIT COLLEGE					39-0808497		
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Ye	s" on Form 990, Part IV, line 33	i.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	me End-of-year a	assets Direct	(f) controlling ntity	9
		-						
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one o	r more related tax-exe	mpt	
	(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
					501(c)(3))		Yes	No
		-						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
BELOIT POWERHOUSE, LLC - 82-0908061, 700 COLLEGE ST.,	OWNING & RENOVATING		BELOIT POWERHOUSE								
BELOIT, WI 53511	PROPERTY	WI	HOLDINGS II	EXCLUDED	0.	4,591.		X	N/A	х	.01%
POWERHOUSE MASTER TENANT, LLC - 82-3813413, 700 COLLEGE ST., BELOIT, WI 53511	OWNING & RENOVATING PROPERTY	WI	BELOIT POWERHOUSE HOLDINGS II	EXCLUDED	0.	0.		x	N/A	2	.00%

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	b)(13) rolled tity?
		country)		,				Yes	No
CHARITABLE REMAINDER TRUSTS (11)	CHARITABLE TRUST	WI	BELOIT COLLEGE	TRIIST				х	
BELOIT POWERHOUSE HOLDINGS, INC		"-							
82-3808472, 700 COLLEGE ST., BELOIT, WI	OWNING & RENOVATING								
53511	PROPERTY	WI	BELOIT COLLEGE	C CORP	-51,185.	1,115,019.	100%	х	
BELOIT POWERHOUSE HOLDINGS II, LLC -									
82-5098452, 700 COLLEGE ST., BELOIT, WI	OWNING & RENOVATING								
53511	PROPERTY	WI	BELOIT COLLEGE	C CORP	-971,485.	21,248,015.	100%	Х	

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Х

Yes No

1a

1b

Part V 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 listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)

						Х
c Gift, grant, or capital contribution from related organization(s)						
d L	oans or loan guarantees to or for related organization(s)				1d	X
e L	oans or loan guarantees by related organization(s)				1e	Х
f [Dividends from related organization(s)				1f	Х
	Cale of assets to related organization(s)					Х
h F	Purchase of assets from related organization(s)				1h	X
i E	xchange of assets with related organization(s)				1i	X
j L	ease of facilities, equipment, or other assets to related organization(s)				. 1j	X
k L	ease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organ					Х
m F	Performance of services or membership or fundraising solicitations by related organi					Х
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio					Х
						Х
p Reimbursement paid to related organization(s) for expenses						
q Reimbursement paid by related organization(s) for expenses						
•	, , , , , , , , , , , , , , , , , , , ,				1q	
r (Other transfer of cash or property to related organization(s)				1r	х
	Other transfer of cash or property from related organization(s)					Х
	the answer to any of the above is "Yes," see the instructions for information on wh					
		(b)	(c)			
	(a) Name of related organization	Transaction	Amount involved	(d) Method of determining amount i	involved	
		type (a-s)		· ·		
1)						
-,						
2)						
-,						
3)						
-,						
1)						
-,						
5)						
-,						
3)						
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Schedule R (Form 990) 2020 BELOIT COLLEGE 39-0808497 Page **4**

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)	(e) Are all rtners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotional allocati	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or Percyling own	(k) centage nership
	-										
	-										
	-										
	-										
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