#### EXTENSION GRANTED UNTIL MAY 15, 2023

Use Only

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. **Open to Public** Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change GODDARD COLLEGE Name change 03-0179419 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 802-454-8311 123 PITKIN ROAD 8,877,850. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 05667 PLAINFIELD, VT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DANNY HOCOY for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or ) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► GODDARD . EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1984 M State of legal domicile: VT Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE CULTURES OF RIGOROUS **Activities & Governance** INQUIRY, COLLABORATION, AND LIFELONG LEARNING, WHERE INDIVIDUALS if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 162 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 2,166,142.1,865,928. Contributions and grants (Part VIII, line 1h) 8  $7,183,\overline{323}$ 6,983,462. Program service revenue (Part VIII, line 2g) 32,574. 28,460. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 74. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,877,850. 9,382,113. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 255,632. 417,363. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,264,414. 5,194,112. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,187,388. 3,301,105. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,869,165. 8,750,849. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,512,948. 127,001. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 9,435,038. 9,329,154. 20 Total assets (Part X, line 16) 3,019,518. 2,906,119. 21 Total liabilities (Part X, line 26) 三年 6,415,520. 6,423,035 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANNY HOCOY, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name MATTHEW KALIL, CPA, 04/24/23 self-employed P01517069 MATTHEW KALIL, CPA, MBA Paid Firm's EIN > 39-0859910 Firm's name BAKER TILLY US, LLP Preparer Firm's address 2201 E ENTERPRISE AVE, PO BOX 2459

May the IRS discuss this return with the preparer shown above? See instructions

APPLETON, WI 54912-2459

No

X Yes

Phone no. 920.733.7385

. u.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE CULTURES OF RIGOROUS INQUIRY, COLLABORATION, AND LIFELONG
	LEARNING, WHERE INDIVIDUALS TAKE IMAGINATIVE AND RESPONSIBLE ACTION IN
	THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$3,605,698. including grants of \$\$ 255,632. ) (Revenue \$6,983,462. )
<del>-</del> a	PROGRAM SERVICE EXPENSES REPRESENT THE COSTS OF PROVIDING A COLLEGE
	LEVEL EDUCATION TO THE STUDENTS ENROLLED AT THE COLLEGE.
	AT GODDARD YOU WILL ENCOUNTER A UNIQUE LEARNING ENVIRONMENT: YOU WILL
	BE ENCOURAGED TO PURSUE YOUR PASSIONS AND BE SUPPORTED BY EXPERT
	FACULTY AND DEDICATED STAFF. YOU WILL COMPLETE A BACHELOR'S OR A
	MASTER'S DEGREE WITH AN INDIVIDUALIZED PROGRAM OF STUDY THAT INTEGRATES
	PERSONAL INTERESTS, PROFESSIONAL COMMITMENTS, AND CREATIVE ASPIRATIONS.
	GODDARD PROGRAMS ENGAGE STUDENTS IN LEARNING THAT IS PERSONALLY
	MEANINGFUL AND SOCIALLY RESPONSIVE. EACH PERSON WHO COMES TO GODDARD
	COLLEGE ENTERS A COLLABORATIVE COMMUNITY THAT IS COMMITTED TO ACHIEVING
4b	(Code:) (Expenses \$ including grants of \$)       (Revenue \$)
4c	(Code:) (Expenses \$
	/ (Code:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,605,698.
	Form <b>990</b> (2021)

15540425 144198 A104527

# Form 990 (2021) GODDARD COLLEGE 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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	_X_	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	<u></u> -
14a	Did the appropriation projection of the control of the Light of the Li	14a		Х
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> a		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

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Form **990** (2021)

Form	1 990 (2021) GODDARD COLLEGE 03-	-0179419	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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	<del>)</del> ,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I	// <u>27</u>		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
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			37
	contributions? If "Yes," complete Schedule M			X
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b		I .		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
30				x
37	If "Yes," complete Schedule R, Part V, line 2			<u> </u>
0,	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 on Schedule O for Part VI, lines 11b and 19?			
55		38	Х	1
Pa		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	31		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a	2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	١ ـ		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										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
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).										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b											
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l							
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		X							
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).			7.7							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo			X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	-	-							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X							
	to file Form 8282?	7c		<u> </u>							
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х							
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
9 h	If the organization received a contribution of qualified intellectual property, and the organization file 1 of 11 obes as required:										
8	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											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	_									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\dashv$									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-									
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a									
h	<b>Note:</b> 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										
b	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand	$\dashv$									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. —		Ē							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15	L	Х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17									

If "Yes," complete Form 6069.

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	1a		12								
	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		10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			=+								
_	officer, director, trustee, or key employee?			- 1	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the			··· ├								
Ū					3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X					
	6 Did the organization become aware during the year of a significant diversion of the organization's assets:											
7a	Did the organization have members of stockholders, or other persons who had the power to elect or as			··· ├	6		X					
1 a	more members of the governing body?	•			7a		x					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			··· ├	1 a							
b			•		7b		x					
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year			···	7.0		1					
8		,	•		0-	Х						
a	The governing body?				8a_	X						
b	Each committee with authority to act on behalf of the governing body?			··· ├	8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9		x					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Re				9							
000	tion B. Follolog (This Section B requests information about policies not required by the Internal Re	venue	Coae.)			Yes	No					
100	Did the organization have local chapters, branches, or affiliates?			Γ	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			··· ├	IUa							
b		-			10b							
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y 50101	e ming the form.	·	11a	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···· ├	12.0							
Ŭ	on Schedule O how this was done	,			12c	х						
13	Did the organization have a written whistleblower policy?			⊢	13		х					
14	Did the organization have a written document retention and destruction policy?				14		X					
15	Did the process for determining compensation of the following persons include a review and approva			···	17							
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by iiit	aspondont									
a	The organization's CEO, Executive Director, or top management official			- 1	15a	Х						
	Other officers or key employees of the organization				15b		Х					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			···								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a									
iou	taxable entity during the year?			- 1	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			··	iou							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=									
	exempt status with respect to such arrangements?			П	16b							
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, at	nd 990	T (section 501(c	:)(3)s (	only) a	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and f	inand	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 boo	oks and	records >	_	_							
	LEESA STEWART - 802-454-8311		-									
	123 PITKIN ROAD, PLAINFIELD, VT 05667											

Form **990** (2021)

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(do not check m box, unless pers officer and a dire			than s botl	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BERNARD BULL PRESIDENT (UNTIL 7/31/2021)	40.00			Х				101,428.	0.	12,604.
(2) DANNY HOCOY	40.00							101/1201	•	12,0010
PRESIDENT (SINCE 8/1/2021)	1000	1		х				104,428.	0.	2,986.
(3) LEESA STEWART	40.00								•	
CFAO		1		Х				92,198.	0.	7,332.
(4) TRACY GARRETT	1.00							, -	-	,
FACULTY TRUSTEE (SINCE JAN '22)		Х						61,355.	0.	11,159.
(5) WENDY PHILLIPS	1.00							·		,
FACULTY TRUSTEE (TRUSTEE UNTIL NOV '		Х						56,228.	0.	0.
(6) RENEE ALMATIERRA	1.00									
TRUSTEE		Х						48,768.	0.	7,191.
(7) ANTHONY HOLLIDAY, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(8) NICOLETTE STOSUR-BASSETT	1.00									
TRUSTEE		Х						0.	0.	0.
(9) GLORIA WILLINGHAM-TOURE	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CAMERON MICHALAK	1.00	1							_	_
TRUSTEE (UNTIL MAY '22)		Х						0.	0.	0.
(11) BERNIE LUSKIN, PHD	1.00	1								
TRUSTEE		Х						0.	0.	0.
(12) DANIEL SEWELL	1.00	ļ								
TRUSTEE (UNTIL OCT '21)	1 00	Х						0.	0.	0.
(13) KATHY JELLY	1.00	ļ								_
TRUSTEE	1 00	Х						0.	0.	0.
(14) JOSEPH ORANGE	1.00	٠,,							_	_
TRUSTEE	1 00	Х	_		_		_	0.	0.	0.
(15) DARYL CAMPBELL	1.00	₩.							_	_
TRUSTEE (ALDING	2 00	Х			_	-		0.	0.	0.
(16) MIKE CAIRNS TREASURER	2.00	х		х				0.	0.	_
(17) MARK JONES	1.00	^		^					0.	0.
CHAIRMAN	1.00	х		х				0.	0.	0.
132007 12-09-21	1	Λ	<u> </u>	Λ	İ.	l	]	<u> </u>	0.	Form <b>990</b> (2021)

Form **990** (2021)

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Form 990 (2021) GODDARD (	COLLEGE								03-03	<u> 179</u>	419	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos		າ than d	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		am	ount	of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	ı		other	
	(list any	rector						the	organization			oensa	
	hours for related	or di	99			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat I relat	
	below	dual t	tiona	١.	yoldr	st cor	_	'				nizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		55
(18) PHYLLIS WORTHY DAWKINS	1.00		_	Ť	_								
VICE CHAIR		Х		Х				0.		0.			0.
						<u> </u>							
1b Subtotal							ightharpoons	464,405.		0.	4:	L,2'	
c Total from continuation sheets to Part VI	l, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	464,405.		0.	4:	L,2'	<u>72.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<b>}</b>			
compensation from the organization													2
										ſ		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу с	empl	oye	e, or	hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	-		-					•	-				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on f	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	· ·	-								oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addrass	37/	<b>`</b>	,				( <b>B</b> )  Description of s	oniooo	C	(Comper		n
Ivalle and business	address	MC	INC	5			$\dashv$	Description of s	ervices		omper	isatio	
							-						
							$\dashv$						
							$\dashv$						
							-						
O Total number of independent control (	a ali i alima milma milm	o+ !!:	n;+ -	J	4b -	!!	- - ما		avo thar				
2 Total number of independent contractors (in	•	ot III	ınteo	1 (0)		se lis )	ted	above) who received mo	ле шап				
\$100,000 of compensation from the organiz	zation 📂										Form	990 <i>a</i>	2021)
											rorm :	J∃U (¦	∠∪21)

			Check if Schedule O c	ontai	ins a resno	nnse (	or note to any lir	ne in this Part VIII			
			Official if Confedence Of C	oritai	no a resp	J1100 V	or riote to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1.1						Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1										
ira oui			Membership dues								
s, ( Am		С	Fundraising events		1c						
ii a		d	Related organizations		1d						
s, C		е	Government grants (contri	butio	ns) <b>1e</b>	1,	<u>683,146.</u>				
Sign		f	All other contributions, gifts,	grants	, and						
her			similar amounts not included				182,782.				
걸		а	Noncash contributions included in I				•				
No.		_	<b>Total.</b> Add lines 1a-1f				_	1,865,928			
<u> </u>		<u>''</u>	Total: Add lines 1a 11				Business Code				
	_	_	TUITION AND F		•			6 903 422	.6,903,422.		
ice	2		AUXILIARY ENT			•	611310	73,158			
Program Service Revenue											
n S		С	STUDENT LOAN	T IV.T	EKESI	_	611310	6,882	6,882.		
ran }ev		d									
90. F		е									
<u>P</u>		f	All other program service	even	ue						
		g	Total. Add lines 2a-2f				<b>)</b>	6,983,462	•		
	3		Investment income (includ	ing d	ividends,	ntere	st, and				
			other similar amounts)			28,460			28,460.		
	4		Income from investment o								-
	5		Royalties		· ·	-					
	Ŭ		noyanos	П	(i) Rea		(ii) Personal				
	6	_	Cross ronts	اما	(1) 1.00	•	()	-			
	0		Gross rents	6a				_			
			Less: rental expenses	6b				_			
			Rental income or (loss)	6c							
			Net rental income or (loss)	····	(°) O		(") OH				
	7	а	Gross amount from sales of	-	(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses								
Revenue		С	Gain or (loss)	7с							
Re		d	Net gain or (loss)			<u></u>	<b>)</b>				
ē	8	а	Gross income from fundraising	ig eve	nts (not						
₽			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from t								
	۵		Gross income from gaming		-						
	9	u	Part IV, line 19	_							
		<b>L</b>				9a 9b		1			
			Less: direct expenses								
			Net income or (loss) from	-	-	:S	<b>&gt;</b>				
	10	а	Gross sales of inventory, le								
			and allowances			10a		_			
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales	of invento	ry	<b>_</b>				
,,							Business Code				
Sno (	11	а									
Miscellaneous Revenue		b									
ella		С									
ŠŠ			All other revenue								
Σ			<b>Total.</b> Add lines 11a-11d								
	12	-	Total revenue. See instruction					8 877 850	.6,983,462.	0.	28,460.
	14		ivial ievellue. See ilisti uctio	11 <b>0</b> .				0,0,1,000	•   0 ,	<u> </u>	1 20,4000

# Form 990 (2021) GODDARD COLLEGE Part IX Statement of Functional Expenses

D -	Check if Schedule O contains a respons	(A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	255,632.	255,632.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	504 050	450 454	242 227	
	trustees, and key employees	501,958.	152,151.	349,807.	
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 047 701	2 275 640	1 570 140	
7	Other salaries and wages	3,847,791.	2,275,648.	1,572,143.	
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	E24 0E0	297,521.	237,337.	
9	Other employee benefits	534,858.			
)	Payroll taxes	309,505.	172,685.	136,820.	
1	Fees for services (nonemployees):				
а	Management	61,630.		61,630.	
b	Legal	41,864.		41,864.	
	Accounting	41,004.		41,004.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	697,493.	18,352.	679,141.	
2	Advertising and promotion	273,748.	10,332.	273,748.	
2 3	Office expenses	273,740.		273,740.	
, 1	Information technology				
5	Royalties				
, 3	Occupancy	205,004.	20,445.	184,559.	
,	Traval	75,949.	43,340.	32,609.	
3	Payments of travel or entertainment expenses	,		02,0001	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest	62,971.		62,971.	
ĺ	Payments to affiliates	, -		, .	
2	Depreciation, depletion, and amortization	298,601.		298,601.	
3	Insurance	132,010.		132,010.	
1	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIPS & SUBSCRIPT	545,215.	81,359.	463,856.	
b	MISCELLANEOUS EXPENSE	452,074.	243,440.	208,634.	
С	UTILITIES, POSTAGE & IN	350,738.	15,280.	335,458.	
d	SUPPLIES & CATERING	75,264.	29,845.	45,419.	
е	All other expenses	28,544.		28,544.	
5	Total functional expenses. Add lines 1 through 24e	8,750,849.	3,605,698.	5,145,151.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,215,903.	1	2,034,424.
	2	Savings and temporary cash investments		2	1,127,546
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,015.	4	217,868
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
ţ	7	Notes and loans receivable, net		7	192,610
Assets	8	Inventories for sale or use	1,940.	8	9,834
Ř	9	Prepaid expenses and deferred charges	180,215.	9	183,848
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 13,345,13 8,746,23	6.		
	b			10c	4,598,903 964,121
	11	Investments - publicly traded securities		11	964,121
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	271,807.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	9,329,154
	17	Accounts payable and accrued expenses		17	206,573
	18	Grants payable		18	F06 702
	19	Deferred revenue		19	526,723
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē.		controlled entity or family member of any of these persons	2 020 241	22	1,999,080
	23	Secured mortgages and notes payable to unrelated third parties		23 24	1,333,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	364,896.	25	173,743
	26	of Schedule D  Total liabilities. Add lines 17 through 25	3,019,518.	25 26	2,906,119
	20	Organizations that follow FASB ASC 958, check here	3,013,310.	20	2,500,115
S		and complete lines 27, 28, 32, and 33.			
ũ	27		5,234,575.	27	5,132,815
3a la	28	Net assets without donor restrictions  Net assets with donor restrictions	1 100 045	28	1,290,220
힏	20	Organizations that do not follow FASB ASC 958, check here	2/200/3200	20	2,230,220
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	6,423,035
Z	33	Total liabilities and net assets/fund balances	0 425 020	33	9,329,154
	1 30	rotal habilition and not accord/fully palarious	2,23,030.		Form <b>990</b> (202

Pa	rt XI   Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,87	7,8	<u>50.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,75					
3	Revenue less expenses. Subtract line 2 from line 1	3	12	7,0	01.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	6,41 -11						
5								
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,42	3,0	<u>35.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X			
				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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	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	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	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	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization GODDARD COLLEGE 03-0179419 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 GODDARD COLLEGE 03-0179419 Page 2

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

Part II   Support Schedule for t	Jigariizations	Described in	Sections 170(i		170(0)(1)(A)(VI	)							
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization													
fails to qualify under the tests listed below, please complete Part III.)													
Section A. Public Support													
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total							

Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), di	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2020	•				15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies		•				
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<b>&gt;</b>
						Schedule A	Form 990) 2021

# 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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		T	T	T	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an ESSUE A.	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

# 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b   10b   2001			

Pai	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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			
	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
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 in	struction		N
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.					
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
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	<b>Discount</b> 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 Year				
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-functiona	lly integrat	ted Type III supporting orga	inization (see				
	instructions).							

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
	LAGGGG HUIII ZUZ I				

### **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

Inspection

Name of the organization GODDARD COLLEGE **Employer identification number** 03-0179419

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınde
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		-
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	_ 2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	<b>\$</b>		77.0
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956		alance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	rance of public
h	If the organization elected, as permitted under FASB ASC 956		ace sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		pan,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

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

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make si	gnificant i	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7	_	_
	on Form 990, Part X?							<b>」Yes</b>		」No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					•		
								Amoun	τ	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance					. <b>1f</b>		7		7
	Did the organization include an amount on Fo					•		Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i									
	Tradition of the state of the s	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	back
10	Beginning of year balance	845,266.	816,691,			` ' '	24,514.	` '		186.
	Contributions	11,154.	3,301,	<del>'</del>	910.		5,056.			260.
	Net investment earnings, gains, and losses	-104,791.	198,675.		,553.	1	26,938.			637.
	Grants or scholarships		140,101.		,673.		, , , , , , ,			569.
	Other expenditures for facilities		,		,					
Ū	and programs		33,300.	660	,607.					
f	Administrative expenses		,		,					
g	End of year balance	751,629.	845,266.	. 816	,691.	1,4	56,508.	1	,324,	514.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. column (a	a)) held as:		•				
а	Board designated or quasi-endowment	1 1 1 1	%	-,,						
b	Permanent endowment									
С	•	<u></u> -								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administer	ed for th	e organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or of	` '	t or other	٠,	ccumulate		<b>(d)</b> Boo	k valu	е
		basis (investr	nent) basis	(other)	de	preciation				
1a	Land		111-	7,053.		205 5	2.5			<u>53.</u>
b	Buildings		11,55	3,058.	7,(	097,7	36.	4,45	<b>5</b> ,3	22.
С	Leasehold improvements		4	0 207	4	CO = 1	40	4.4	2 4	<del></del>
	Equipment	<b>I</b>		8,327.	⊥,6	605,1				87.
	Other		*	6,698.		43,3			3,3	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B), line 1	10c.)			Schodulo	4,59	_	

Schedule D (Form 990) 2021 GODDARD COLI	EGE	03	-0179419 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	rescription		(b) Dook value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>	<b>)</b>	
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
(a) Description of Bability			(b) Book value
<u></u>			(b) Book value
(1) Federal income taxes (2) REFUNDABLE ADVANCES			173,743
			113,143
(3)			
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2021

173,743.

(8)

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	<b></b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,502,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-119,486.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-119,486.
3	Subtract line 2e from line 1			3	8,622,218.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	255,632.		
С	Add lines 4a and 4b			4c	255,632.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,877,850.
Pa	T XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,495,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,495,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		055 600	-	
	, , , , , , , , , , , , , , , , , , , ,	4b	255,632.		055 630
С	Add lines 4a and 4b			4c	255,632.
5 <b>D</b> 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	8,750,849.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			; Part )	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai intori	nation.		
PΔI	RT V, LINE 4:				
	CI V, DING I.				
ΤО	SUPPORT OPERATIONS AND SCHOLARSHIPS.				
PAI	RT X, LINE 2:				
THE	E COLLEGE IS A NONPROFIT COLLEGE AS DESCRIB	ED IN	SECTION 50	1(C	)(3) OF
THE	E INTERNAL REVENUE CODE AND IS EXEMPT FROM	FEDER	AL AND STAT	E II	NCOME
TAX	KES ON TRADE OR BUSINESS PROFITS GENERATED :	BY AC	TIVITIES RE	LAT	ED TO THE
COI	LEGE'S EXEMPT FUNCTION. THE COLLEGE MAY BE	SUBJ	ECT TO FEDE	RAL	AND STATE
INC	COME TAXES FOR PROFITS GENERATED FROM TRADE	OR B	USINESS ACT	IVI	ries
		<b>.</b>		0.0	
UNI	RELATED TO THE COLLEGE'S EXEMPT FUNCTION. A	S OF	JUNE 30, 20	22,	

BUSINESS TAXABLE INCOME.

MANAGEMENT BELIEVES THAT THE COLLEGE HAS NOT GENERATED ANY UNRELATED

Part XIII Supplemental Information (continued) THE COLLEGE ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS A TAX POSITION MUST MEET BEFORE BEING RECOGNIZED AS A BENEFIT IN THE FINANCIAL STATEMENTS. THE COLLEGE'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX POSITIONS AS A COMPONENT OF INCOME TAX EXPENSE, IF ANY, IN ITS STATEMENTS OF ACTIVITIES. THE COLLEGE HAS NOT RECOGNIZED ANY LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED BENEFITS AS OF JUNE 30, 2022. THE COLLEGE DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX BENEFITS WITHIN THE NEXT 12 MONTHS. PART XI, LINE 4B - OTHER ADJUSTMENTS: GRANTS AND SCHOLARSHIPS 255,632. PART XII, LINE 4B - OTHER ADJUSTMENTS: GRANTS AND SCHOLARSHIPS 255,632.

#### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GODDARD COLLEGE

03-0179419

Part I

Га			YES	NO
_			TES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		х	
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Λ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		Х	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Λ	
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		х	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Λ	
	A RACIAL AND NON-DISCRIMINATION POLICY IS STATED IN ALL			
	BROCHURES, CATALOGS, NEWSPAPER AND MAGAZINE ADS. THE POLICY IS ALSO PUBLICIZED IN STUDENT SOLICITATION MATERIALS.			
	15 ALSO PUBLICIZED IN STUDENT SOLICITATION MATERIALS.			
_	Does the consideration and details the following O			
4	Does the organization maintain the following?		v	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Λ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		3.7	
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Λ	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		<u>X</u>
b	Admissions policies?	5b		_X_
	Employment of faculty or administrative staff?	5с		_X_
d	Scholarships or other financial assistance?	5d		_X_
е	Educational policies?	5e		_X_
	Use of facilities?	5f		_X_
g	Athletic programs?	5g		_X_
	Other extracurricular activities?	5h		<u>X</u>
	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	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
-	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
		<u>'</u>		

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

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number				
	DARD COLLEGE						03-0179419				
Part I General Information of	n Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the gra	nts or assistance?						No				
2 Describe in Part IV the organi	zation's procedures for monit	oring the use of grant	funds in the United	States.							
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
		1	1	ı	(f) Method of	T	T				
1 (a) Name and address of org or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
2 Enter total number of section			e line 1 table				<b>&gt;</b>				
3 Enter total number of other o	rganizations listed in the line	1 table									

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

GODDARD COLLEGE 03-0179419 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance SCHOLARSHIPS 237 255,632. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

## **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GODDARD COLLEGE

Employer identification number 03-0179419

00001110
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TAKE IMAGINATIVE AND RESPONSIBLE ACTION IN THE WORLD.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ACADEMIC EXCELLENCE, DEEPENING INTELLECTUAL CURIOUSITY AND DEVELOPING
THE SKILLS NEEDED TO PROMOTE SOCIAL JUSTICE.
IND DRIBED HEADED TO TROMOTE BOCINE GODITCE.
GODDARD IS NATIONALLY AND INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP
IN EDUCATIONAL INNOVATION, ITS DEEP COMMITMENT TO THE IDEALS OF
DEMOCRACY AND FOR ITS ACTIVE EFFORTS TO LIVE CONSCIOUSLY AS STEWARDS OF
THE EARTH.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS FORM 990 AND THE
ENTIRE BOARD OF TRUSTEES IS PROVIDED WITH A COPY OF FORM 990 PRIOR TO ITS
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY
AND THEY ARE DISCUSSED WITH THE ENTIRE BOARD AT THAT TIME.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF TRUSTEES CHAIR APPOINTS A TASK FORCE THAT REVIEWS THE
COMPARABLE COMPENSATION OF OTHER INSTITUTIONS, INCLUDING THE DATA FOR
PRIVATE COLLEGE PRESIDENTS' COMPENSATION PUBLISHED ANNUALLY IN THE
CHRONICLE OF HIGHER EDUCATION, AND RECOMMENDS APPROPRIATE ACTION TO THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  GODDARD COLLEGE	Employer identification number 03-0179419
FULL BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UP	ON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED DURI	NG THE YEAR.