

500 Boylston Street Boston, MA 02116 Ph: 617.761.0600 F Fx: 617.761.0601

MARCH 8, 2019

LASELL COLLEGE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

LASELL COLLEGE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 FORM 990-T

2017 MASSACHUSETTS FORM M-990T

2017 MASSACHUSETTS FORM PC

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURNS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

VERY TRULY YOURS.

CRAIG A. KLEIN

MANAGING DIRECTOR

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING JUNE 30, 2018

P	R	F	P	Δ	R	F	D	F	0	R	•

LASELL COLLEGE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PREPARED BY:

CBIZ MHM, LLC 500 BOYLSTON STREET BOSTON, MA 02116

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or fiscal year beginning __JUL_1_____, 2017, and ending __JUN_3

1	, 2017, and ending	JUN	30	, 20 18

OMB No. 1545-1878

Department of the Treasury		Do not send to	o the IRS. Keep for your records.		
Internal Revenue Service		▶ Go to www.irs.gov/F	Form8879EO for the latest information.		
Name of exempt organization				Employer	identification number
LASELL COLLEGI	3			04-2	103585
Name and title of officer				117	
MICHAEL J. HO	LE, PH	. D.			
VP FOR ADMIN					
Part I Type of I	Return and	d Return Information	(Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	a, below, and	the amount on that line for t	PEO and enter the applicable amount, if any, from the return being filed with this form was blank, O- on the return, then enter -O- on the applicable	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X	h Total revenue if any (Fr	orm 990, Part VIII, column (A), line 12)	1h	93.004.404.
2a Form 990-EZ check he		h Total revenue, if any if an	y (Form 990-EZ, line 9)	2h	
3a Form 1120-POL check			1120-POL, line 22)		
4a Form 990-PF check he			stment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here			S8, line 3c)		
od 1 omi oddo driedk nere		b balance bae (reini coo	0, 1110 00)		
Part II Declarat	ion and Si	gnature Authorization	of Officer		
1-888-353-4537 no later the processing of the electronic	an 2 business c payment of personal ide electronic fund	s days prior to the payment (taxes to receive confidential ntification number (PIN) as m	. To revoke a payment, I must contact the U.S. settlement) date. I also authorize the financial i I information necessary to answer inquiries and ny signature for the organization's electronic re	institutions i d resolve iss	nvolved in the sues related to the
**************************************		T. C			03505
X I authorize CB	IZ MHM,		m name	to enter m	y PIN 03585 Enter five numbers, b do not enter all zeros
is being filed with enter my PIN on As an officer of t indicated within	n a state ager the return's c ne organization this return tha	ncy(ies) regulating charities a disclosure consent screen. on, I will enter my PIN as my	ronically filed return. If I have indicated within the part of the IRS Fed/State program, I also autorising a signature on the organization's tax year 2017 of filed with a state agency(ies) regulating characters.	thorize the a	at a copy of the return forementioned ERO to ly filed return. If I have
- V-V					
Part III Certifica	tion and A	uthentication			
(BARICONS ALAKOY SYNORY)		A) Book of the control of the contro			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	_	ectronic filing identification tself-selected PIN.	04737791068 Do not enter all zeros		
	g this retum i		re on the 2017 electronically filed return for the rements of Pub. 4163, Modernized e-File (Mef		
ERO's signature CBIZ	MHM, L	LC	Date ▶	/08/19	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	nding J	UN 30, 2018				
B c	Check if applicable	C Name of organization		D Employer identific	cation number			
-	Addres	LASELL COLLEGE						
	Name change	Doing business as			103585			
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 1844 COMMONWEALTH AVENUE	E Telephone number 617-243-2000					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 106,612,531.				
	Amend- return	NEWION, MA 02400-2709		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: MICHAEL B. ALEXANDER	R	for subordinates	? Yes X No			
_	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
_		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. (see instructions)			
		e: NWW.LASELL.EDU		H(c) Group exemption				
	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1851 N	State of legal domicile; MA			
Pa		Summary		~				
ø		Briefly describe the organization's mission or most significant activities: WE IM						
anc		EXPERIENTIAL AND COLLABORATIVE LEARNING TH						
Activities & Governance	l	Check this box if the organization discontinued its operations or disposed		1 1				
30	ı			3	20			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			1246			
ties		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			150			
ţĭ		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ą		Net unrelated business taxable income from Form 990-T, line 34			38,747.			
		tot unionated business taxable morne norm remines or 1, line or	·····	Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)		5,222,736.	3,386,724.			
ng		Program service revenue (Part VIII, line 2g)		86,856,418.	86,948,917.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,825,898.	2,446,930.			
ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		225,467.	221,833.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		94,130,519.	93,004,404.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,811,825.	31,262,065.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ψ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,213,109.	33,068,630.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		33,594.	22,081.			
be	bΤ	otal fundraising expenses (Part IX, column (D), line 25) 2,143,634	4.					
ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,727,812.	28,144,653.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		90,786,340.	92,497,429.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		3,344,179.	506,975.			
Net Assets or				inning of Current Year	End of Year			
Sset	20 T	otal assets (Part X, line 16)		52,401,919.	149,980,732.			
et A	21 T	otal liabilities (Part X, line 26)		83,538,245.	78,765,016.			
Do	rt II	let assets or fund balances. Subtract line 21 from line 20		68,863,674.	71,215,716.			
		_ _	and atatama	ata and to the best of mu	kanuladas and haliaf it is			
		ies of perjury, I declare that I have examined this return, including accompanying schedules a , and complete. Declaration of preparer (other than officer) is based on all information of whici			knowledge and beller, it is			
uue,	COITECL,	, and complete. Declaration of preparer (other than officer) is based on all miormation of which	ii preparer i	las ally knowledge.				
Sian	.	Signature of officer		Date				
Sign Here		MICHAEL J. HOYLE, PH. D., VP FOR ADMIN.	⊺च ऊ					
nere	-	Type or print name and title	G II	имсы				
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN			
Paid		CRAIG KLEIN	0	3/08/19 of self-employe				
Prepa	-	Firm's name CBIZ MHM, LLC	15	Firm's EIN	26-3753134			
Use Only Firm's address 500 BOYLSTON STREET								
	,	BOSTON, MA 02116		Phone no. 61	7-761-0600			
May	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE IMMERSE STUDENTS IN EXPERIENTIAL AND COLLABORATIVE LEARNING THAT
	FOSTERS LIFELONG INTELLECTUAL EXPLORATION AND SOCIAL RESPONSIBILITY.
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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$79,426,058. including grants of \$31,262,065.) (Revenue \$82,613,441.
	LASELL COLLEGE IS A COMPREHENSIVE COEDUCATIONAL COLLEGE WHICH OFFERS
	PROFESSIONALLY ORIENTED BACHELOR'S AND MASTER'S DEGREE PROGRAMS,
	INCLUDING MORE THAN 25 ACADEMIC MAJORS.
	OUR STUDENTS ARE GIVEN THE OPPORTUNITY TO PRACTICE AND PREPARE FOR THE
	REAL WORLD THROUGH A PROJECT-BASED AND PROBLEM-BASED APPROACH TO
	TEACHING, THROUGH EXPOSURE TO DIVERSE CULTURES AND PEOPLES, THROUGH THE
	DEVELOPMENT OF CRITICAL SKILLS SUCH AS WRITING AND SPEAKING IN FRONT OF
	GROUPS, AND THROUGH CONFRONTATION WITH ETHICAL AND MORAL QUESTIONS.
	LASELL COLLEGE IS KNOWN FOR HELPING STUDENTS MAKE THE CONNECTION
	BETWEEN CLASSROOM LESSONS AND REAL LIFE THROUGH HANDS-ON ACTIVITIES
4b	(Code:) (Expenses \$1,313,239. including grants of \$) (Revenue \$2,103,630.
	PROVIDED MANAGEMENT AND EDUCATIONAL SERVICES AND LEASED LAND TO LASELL
	VILLAGE, INC., A TAX-EXEMPT AFFILIATE, FUNCTIONS THAT ARE INTEGRAL TO
	THE CONDUCT OF THE EXEMPT FUNCTIONS OF LASELL VILLAGE, INC.
4-	(Code:) (Expenses \$ 1,618,398 • including grants of \$) (Revenue \$ 1,731,204 •
4c	(Code:) (Expenses \$1,618,398. including grants of \$) (Revenue \$1,731,204. PROVIDED COLLABORATIVE POLICE AND INFORMATION TECHNOLOGY SERVICES WITH
	TWO OTHER LOCAL COLLEGES, FUNCTIONS THAT ARE INTEGRAL TO THE CONDUCT OF
	THE EXEMPT FUNCTIONS OF THOSE COLLEGES, WITH THE GOAL OF PROVIDING
	QUALITY SERVICES TO EACH COLLEGE CAMPUS IN A COST EFFECTIVE MANNER.
	ZOURTH DRIVIERD TO BACH CORREGE CAMIND IN A CORT BILBCITAR MANNEY.
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 514,987. including grants of \$) (Revenue \$ 500,642.)
4e	Total program service expenses 82,872,682.

15160308 143399 27950.000

Form 990 (2017) LASELL COLLE
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)?		163	NO
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1889	TEO.	1
	as applicable.		ling.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		,.	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	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? # "Yes,"			77
	complete Schedule G. Part III	19	990	(0047)
		Lorm	*7 *1 I	(') ['I /\

2017.05040 LASELL COLLEGE

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00-	Diddle and the second of the s	00	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 21		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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ri -	Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	TO BE		100
	instructions for applicable filing thresholds, conditions, and exceptions):	- 1, 14	-352	100
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.5	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l l		7.7
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
^ -	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38		(2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pai	Check if Schedule O contains a response or note to any line in this Part V				
	Check it Schedule O contains a response of hote to any line in this Part V		······		
	[]	2202		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3292		MOD	RET.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 100		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			х	200300
00	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1c	A Maria	100000
28		1246			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	Mari San
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		20	22	N-35
32			За	х	
	olf "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of		- OD		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	of "Yes," enter the name of the foreign country:		70		10000
V	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ((FRAR)		E.3/	
5a			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		Kild.		1280
	print the sign of the same of	ided to the payor?	7a		X
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				静 国
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	ı Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		570	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	Į.		21025	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:			19.00	
	Initiation fees and capital contributions included on Part VIII, line 12		Me.		7
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			100	123
	Section 501(c)(12) organizations. Enter:		1		
			745		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)			- 1548	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	10000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	H	40	17 10 10	1888
а	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a	GR (III)	FACE
1-	Note. See the instructions for additional information the organization must report on Schedule O.		384	FIRE	- 32
	Enter the amount of reserves the organization is required to maintain by the states in which the		333	-	NET.
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b		3	23	
			140		X
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		- 22
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	200	

Page 6

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 th			'No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		ř i		PASSION.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	思修		
	If there are material differences in voting rights among members of the governing body, or if the governing			33.6		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			4500		198X
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	4	E K(10)	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 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 have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					0.8
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9						
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			255	77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				7,7	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	The same of
15	Did the process for determining compensation of the following persons include a review and approva	d by inc	lependent		1311	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	_
b	Other officers or key employees of the organization		•••••	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				IST HIT	37
	taxable entity during the year?			16a	100000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's		13 113	
_	exempt status with respect to such arrangements?	*****		16b		
Sec	ion C. Disclosure					_
17	List the states with which a copy of this Form 990 is required to be filed ►MA, AK, MD, MI, N					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) a	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict of	interest policy, and	financ	ial	
	statements available to the public during the tax year.		1921			
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	MICHAEL J. HOYLE, PH. D., VP FOR ADMIN. & FINANCE -	- 61	7-243-2000			
	1844 COMMONWEALTH AVENUE, NEWTON, MA 02466-2709					

27950.01

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

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

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

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

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

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

(A)	(B)	l ga		((C)		TO CAT	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation	compensation from related	amount of other
	(list any	setor						the	organizations	compensation
	hours for	individual trustee or director	, as			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		8	npens		(W-2/1099-MISC)		organization and related
	below	dual	rtiona		Key employee	st con	_			organizations
	line)	indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) KEON HOLMES	1.00									
CHAIR	0.00	X		X				0.	0.	0.
(2) GERRY DEROCHE	1.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(3) PETER SCHULTE	1.00								~	
TREASURER	0.00	X		X				0.	0.	0.
(4) LORI HINDLE	1.00									
CLERK	0.00	X		Х			_	0.	0.	0.
(5) RICHARD K. BLANKSTEIN	1.00							_		
TRUSTEE/PAST CHAIR	0.00	X						0.	0.	0.
(6) RENA CLARK	1.00							_	_	_
TRUSTEE	0.00	X						0.	0.	0.
(7) MICHAEL CONNOR	1.00									_
TRUSTEE	0.00	X						0.	0.	0.
(8) ERIC COSTIN	1.00							_		
TRUSTEE	0.00	X						0.	0.	0.
(9) JOHN DORAN	1.00									
TRUSTEE	0.00	Х				_	_	0.	0.	0.
(10) SUSAN RINKLIN DUNNE	1.00								•	•
TRUSTEE	0.00	Х			_	_	_	0.	0.	0.
(11) DEBORAH ESTABROOK	1.00									
TRUSTEE	0.00	Х	_	_	_	_	_	0.	0.	0.
(12) PATRICIA FLATLEY	1.00	,,							0	•
TRUSTEE	0.00	X	_	_	_			0.	0.	0.
(13) IRWIN GRUVERMAN	1.00	7.7							_	0
TRUSTEE (144) PAYED WILL	1.00	Х		-			-	0.	0.	0.
(14) DAVID HILL TRUSTEE	0.00	х					lu j	0.	0.	0.
(15) BRAD KATES	1.00	Δ						0.	0.	0.
TRUSTEE	0.00	v						0.	0.	0.
(16) JOE MARAIA	1.00	^	-	\dashv		-	-	0.	0.	<u> </u>
TRUSTEE	0.00	v						0.	0.	0.
(17) KAREN MCCAFFERTY	1.00	47		\dashv				0.	0.	0.
TRUSTEE (THROUGH 6/18)		x						0.	0.	0.
	0.00	41	_	_	_		_			- 000 (2017)

732007 11-28-17

Form 990 (2017)

04-2103585 Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)			
(A) (B)					C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more					Reportable	Reportable	Est	imate	ed	
	hours per	box	box, unless person is both a			is both	n an	compensation	compensation	am	ount	of
	week	\vdash	cer ar	nd a di	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	comp	oensa	tion
	hours for	튵				te g		organization	(W-2/1099-MISC)	fro	m the	е
	related	stee	ruste		_	Sensa		(W-2/1099-MISC)			ınizati	
	organizations	# E	onal		loye	COM					relate	
	below line)	ndividual Irustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	me			orgai	nizatio	ons
(18) DAVID MCINNIS	1.00	트	<u>=</u>	8	<u>ş</u> .	₹ 5	운			_		
TRUSTEE	0.00	x						0.	0.			0
(19) LAURIE PASCAL		^	_		-	\vdash	_	0.	0.			0.
* INDOOR * UNIVERSALISM STORES STREET,	1.00	٠,						_	_			^
TRUSTEE	0.00	X				⊢	_	0.	0.		_	0.
(20) HEIDI RAFFONE	1.00	١.,										_
TRUSTEE (21) DEBBIE SCHNEIDER	0.00	Х					_	0.	0.			0.
TRUSTEE	1.00	x						0.	0.			0.
(22) WARNER SLACK	1.00	^		2 (\vdash	\vdash	0.	0.	-	_	<u> </u>
TRUSTEE (THROUGH 6/18)	0.00	x						0.	0.			0.
(23) MICHAEL B. ALEXANDER	40.00	-		\vdash			\vdash		0.			-
PRESIDENT	10.00			x				391,353.	0.	9,6	1.21	89.
(24) DR. MICHAEL J. HOYLE	40.00							33273331		-	, 2	-
ASST TREASURER; VP ADMIN & FINANCE	10.00			x				213,147.	0.	27	.1	61.
(25) PAMELA FARIA (THROUGH 12/17)	40.00			П								
ASST CLERK; VP SPECIAL ASST TO PRES.	10.00			x				132,380.	0.	22	1,1	88.
(26) HENRY PUGH	40.00											
ASSISTANT CLERK/ EXE. ASSISTANT	0.00			Х				55,624.	0.			02.
1b Sub-total							•	792,504.	0.			
c Total from continuation sheets to Part VI	I, Section A							1,023,935.	0.			
d Total (add lines 1b and 1c)								1,816,439.	0.	331	.,58	89.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												34
											Yes	No
3 Did the organization list any former officer,	director, or tru	ıstee	, ke	y em	olqn	yee,	or h	nighest compensated en	nployee on	AUT I	1500	
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	•		•						_	18/5	3473	
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	Jfo	or su	ch r	pers	on .				5		_X_
Section B. Independent Contractors			500									
Complete this table for your five highest con										tion fror	n	
the organization. Report compensation for t	the organization. Report compensation for the calendar year ending with or within the organization's tax year.											

(A) Name and business address	(B) Description of services	(C) Compensation
COMMODORE BUILDERS CORP., 404 WYMAN	CONSTRUCTION	
STREET, SUITE 400, WALTHAM, MA 02451	SERVICES	12,079,929.
SODEXO, INC., 9801 WASHINGTON BLVD.,		
GAITHERSBURG, MD 20878	FOOD SERVICES	2,854,419.
COMPASS GROUP USA		
2400 YORKMONT RD, CHARLOTTE, NC 28217	FOOD SERVICES	1,723,071.
GCA SERVICES GROUP, 1350 EUCLID AVE, SUITE	HOUSEKEEPING	
1500, CLEVELAND, OH 44115	SERVICES	1,141,185.
METRO WEST CONTRACTING CORP.	CONSTRUCTION	
6 BEAUMONT'S POND DRIVE, FOXBORO, MA 02035	SERVICES	782,296.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

Form 990 LASELL COLLEGE 04-2103585

Form 990 LASELL CO	OLLEGE								04-210	3585
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
(27) DEAN J. HICKEY /P DEVELOPMENT/ALUMNI RELATIONS	40.00					х		228,500.	0.	47,096
28) DR. KATHLEEN M. O'CONNOR P ENROLLMENT MGMT	40.00					х		210,603.	0.	27,817
29) DR. JAMES M. OSTROW P ACADEMIC AFFAIRS	40.00					х		194,654.	0.	41,770
30) DIANE M. AUSTIN P STUDENT AFFAIRS	40.00					х		158,123.	0.	21,631
31) ANNE E. DOYLE P LASELL VILLAGE	10.00					x		232,055.	0.	17,635
otal to Part VII, Section A, line 1c								1,023,935.		155,949

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		Greek in derivative of control	ans a response	or note to any inc	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S N	1 a	Federated campaigns	1a				NEW MARKS	State State
lan	b	Membership dues						
ي ق	C	Fundraising events	The state of the s					
ifts	d	Related organizations				CONTRACTOR AND A STATE OF THE PARTY OF THE P		
0,5	е	Government grants (contribut		658,082.				
Sis	f	All other contributions, gifts, gran				制度 意思 图 / 上		
ber		similar amounts not included abo	(5)	2,728,642.				
ž o	a	Noncash contributions included in lines		146,671.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	3,386,724.	AND ELLINAVIOUS	· 多种工作的	A PART HER
				Business Code	Miles he say		ZZZ SZZ	
ģ	2 a	TUITION & FEES		611310	61,114,640.	61,114,640.		
Š	b	ROOM & BOARD		611310	18,797,839.	18,797,839.		
Sel	С	MGMT FEE/RENT FROM TAX-	EXEMPT AFF	561499	2,103,630.	2,103,630.		
am	d	COLLABORATIONS WITH CO	LLEGES	611710	1,731,204.	1,731,204.		
Program Service Revenue	е	CONNECTED LEARNING/ED.		611710	1,723,048.	1,723,048.		
ď	f	All other program service reve	enue	611710	1,478,556.	982,021.		496,535.
		Total, Add lines 2a-2f		▶	86,948,917.	SAME TO SAME AND ADDRESS OF THE PARTY OF THE	がから「250gel	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	948,031.			948,031.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	118,999.					
	b	Less: rental expenses	48,984.					
	С	Rental income or (loss)	70,015.					PIL MISSES
	d	Net rental income or (loss)	· <u>······</u>	▶	70,015.			70,015.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	15,033,980.	15,200.				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	1,495,627.	3,272.	THE WAY	WHITE AS BUILDING		
	d	Net gain or (loss)		▶	1,498,899.			1,498,899.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
na l		including \$	of	1				
Other Revenu		contributions reported on line			从那 等全面全			
P.		Part IV, line 18						
돭		Less: direct expenses		2,180.			SECTION DE	
•		Net income or (loss) from fund			70,851.			70,851.
	9 a	Gross income from gaming ac						
		Part IV, line 19						补偿证明
		Less: direct expenses					AND THE LAB	DIE SERVE
		Net income or (loss) from gam	•		AND THE STREET	10° 1 100 10° 11° 11° 11° 11° 11° 11° 11	to the accordance to	
	10 a	Gross sales of inventory, less				AND MADE NO AND IN		
		and allowances						
		Less: cost of goods sold		6,682.	4 046			4 046
	С	Net income or (loss) from sales		D	1,010.			1,010.
		Miscellaneous Revenue	e	Business Code	CE 010	CE 010		Water Control
	11 a	MISCELLANEOUS INCOME		900099	65,019.	65,019.		
	b	ALUMNI EVENTS		900099	14,938.	14,938.		
	C	All - U-						
		All other revenue			79,957.		Description of the second	LINE DE LA CONTRACTOR
	12	Total. Add lines 11a-11d Total revenue. See instructions.		·····	93,004,404.	86,532,339.	0.	3,085,341.
	14	LUISI LEVELUE. OCC BISH UCHORS.			, vv=, =v=,		٠.١	-,, JII.

Form 990 (2017) LASELL COLLEGE 04-2103585 Page 10									
Ра	Part IX Statement of Functional Expenses								
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
Do .	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	31,262,065.	31,262,065.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16			SECTION OF THE REAL PROPERTY.					
4	Benefits paid to or for members				the last of situati				
5	Compensation of current officers, directors,	012 062		705 645	007 416				
	trustees, and key employees	913,063.		705,647.	207,416.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	26 214 574	20 607 400	4 570 200	1 100 067				
7	Other salaries and wages	26,314,574.	20,607,498.	4,578,209.	1,128,867.				
8	Pension plan accruals and contributions (include	1,126,878.	855,749.	217,575.	53,554.				
_	section 401(k) and 403(b) employer contributions)	2,679,394.		807,996.	109,998.				
9	Other employee benefits	2,079,394.	1,472,585.	483,834.	78,302.				
10	Payroll taxes	2,034,721.	1,4/2,505.	403,034.	10,302.				
11	Fees for services (non-employees):								
	•	476,596.		476,596.					
	Legal	125,000.		125,000.					
	Accounting Lobbying	123,000.		123,000.					
	Professional fundraising services. See Part IV, line 17	22,081.		AND THE PARTY OF	22,081.				
f	Investment management fees	159,503.	Manager of the second	159,503.	22,0021				
q	_ , ,,,,, ,,	20370001		203,0001					
9	column (A) amount, list line 11g expenses on Sch O.)	1,791,149.	1,181,630.	564,255.	45,264.				
12	Advertising and promotion	718,753.	704,085.	14,668.					
13	Office expenses	2,363,946.	1,643,029.	554,445.	166,472.				
14	Information technology	1,431,328.	370,153.	1,028,916.	32,259.				
15	Royalties								
16	Occupancy	5,619,077.	708,977.	4,903,217.	6,883.				
17	Travel	1,017,412.	885,597.	85,749.	46,066.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	68,362.	54,270.	12,073.	2,019.				
20	Interest	2,670,615.	2,605,864.	64,751.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	5,354,116.	4,779,663.	488,031.	86,422.				
23	Insurance	208,518.	19,114.	189,404.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	CAFETERIA FOOD SERVICE	3,680,058.	3,680,058.						
	ANNUITY PAYMENTS	92,820.		92,820.					
С	ALLOCATION OF OPERATION	0.	8,233,585.	-8,283,172.	49,587.				
d									
	All other expenses	2,367,400.	2,047,360.	211,596.	108,444.				
25	Total functional expenses. Add lines 1 through 24e	92,497,429.	82,872,682.	7,481,113.	2,143,634.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								

Form **990** (2017)

15160308 143399 27950.000

Form 990 (2017) Part X | Balance Sheet

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) End of year
	1	Cash · non-interest-bearing	30,644.	1	23,679
	2	Savings and temporary cash investments	10,324,596.	2	2,960,060
	3	Pledges and grants receivable, net	2,676,835.	3	2,916,740
	4	Accounts receivable, net	2,475,333.	4	3,263,037
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	MENT PER PROPERTY.		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			RESERVED TO A SECOND PARTY OF THE PARTY OF T
		employers and sponsoring organizations of section 501(c)(9) voluntary	通信的证明的	aris.	
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	362.	7	80
⋖	8	Inventories for sale or use	4 050 050	8	1 262 172
	9	Prepaid expenses and deferred charges	1,062,279.	9	1,062,173
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 155, 254, 772.	00 400 066		00.006.010
	1	Less: accumulated depreciation 10b 57,348,762.	92,400,966.	10c	97,906,010
	11	Investments - publicly traded securities	40,094,537.	11	38,558,810
	12	Investments - other securities. See Part IV, line 11	125,611.	12	128,411
	13	Investments - program-related. See Part IV, line 11	606,860.	13	414,263
	14	Intangible assets	2,603,896.	14	2,747,469
	15	Other assets. See Part IV, line 11	152,401,919.	15 16	149,980,732
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,169,714.	17	5,831,905
	17 18	Accounts payable and accrued expenses	10,100,714.	18	3,031,303
	19	Grants payable	8,910,555.	19	11,138,480
	20	Deferred revenue	57,551,178.	20	56,223,289
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	37,331,170.	21	30,223,203
	22	Loans and other payables to current and former officers, directors, trustees,			· 中華生 1990年
ties	~~~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
🖺	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	6,906,798.	25	5,571,342
	26	Total liabilities. Add lines 17 through 25	83,538,245.	26	78,765,016
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and		TRA.	
က္က		complete lines 27 through 29, and lines 33 and 34.	地区区 的主要 500万年至1860	1	
בַ	27	Unrestricted net assets	52,530,129.	27	54,414,571
l ala	28	Temporarily restricted net assets	8,127,643.	28	8,274,648
9	29	Permanently restricted net assets	8,205,902.	29	8,526,497
2		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.	MILES THE MILES	for good	MARINE MENT
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	60 060 684	32	F1 01F F16
4	33	Total net assets or fund balances	68,863,674.	33	71,215,716
	34	Total liabilities and net assets/fund balances	152,401,919.	34	149,980,732 Form 990 (201

Forn	1 990 (2017) LASELL COLLEGE	04 - 2	2103585	Par	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,004	.,4	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,497	1,4	29.
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,863		
5	Net unrealized gains (losses) on investments	5	422	2,4	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,422	3,5	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	71,215	7.	16.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			30	Time!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		100	
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			168
	separate basis, consolidated basis, or both:		358	STO	8 A B
	Separate basis Consolidated basis Both consolidated and separate basis		1 100 1		1/ 2/1
b	Were the organization's financial statements audited by an independent accountant?	· · · · · · · · · · · · · · · · · · ·	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		Other !	THE REAL PROPERTY.
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				BE:
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			Marie .
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	50000	1792	SEE:
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		4-1	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any stone taken to undergo such audits		3h	x l	

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

Open to Public

Inspection

OMB No. 1545-0047

LASELL COLLEGE

Employer identification number 04-2103585

	חשטו	TOUT CODE					4-2103303
Part I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) S	ee instructions.	
The orga	nization is not a private found						
1	A church, convention of ch					1)(A)(i).	
2	A school described in sec					76 767	
3	A hospital or a cooperative					ii)	
4	A medical research organiz					- A	the hospital's name
-	city, and state:	cation operated in co	njunction with a nospita	1 003011000	ini secile	II II O(D)(I)(A)(III). Lines	the nospital s hame,
-		for the benefit of a se	llana ar universitu auma	d ar anavat	ad bu a a	warmmantal unit dagarih	ad in
5	An organization operated f		nege or university owner	a or operat	ed by a go	overnmental unit describ	ea m
	section 170(b)(1)(A)(iv). (
6	A federal, state, or local go						
7 X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
	section 170(b)(1)(A)(vi). (0	Complete Part II.)					
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	rt II.)			
9	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conji	unction with a land-grant	college
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
	university:	5786 55955	300			50 E504	
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd gross receipts from
	activities related to its exer						
	income and unrelated busi			5 15			•
	See section 509(a)(2). (Co		(lood dodlori o i i tably iii	on baomo	oooo aoqa	rod by the organization (and dans do, 1010.
11	An organization organized		ively to tost for public so	faty Son	caction F	00(a)(4)	
				•			
12	An organization organized	The state of the s					The same of the sa
	more publicly supported or					50 Feb. 5	Check the box in
_	lines 12a through 12d that						
a	Type I. A supporting org.						-
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting
	organization. You must	complete Part IV, Se	ections A and B.				
b _	Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported
	organization(s). You mus	st complete Part IV,	Sections A and C.				
С	Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	its supported organization						estas Decadamace (
d	Type III non-functionally	2.5.3					zation(s)
<u> </u>	that is not functionally in						
				-			veriess
	requirement (see instruct	V					
e	☐ Check this box if the organization. ☐ Check this					Type I, Type II, Type III	
	functionally integrated, o	* 1	nally integrated supporti	ng organiz	ation.		
	er the number of supported	•					
	vide the following information			(iv) is the orga	nization lielad		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					-		
		IDEA TO THE WAY AND		en alloca	- 20		
Total		THE RESERVE OF THE PARTY OF THE		A CONTRACTOR OF THE PARTY OF TH	William Co., Land Co., Lan		II.

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Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2369824.	1892288.	5337977.	5222736.	3386724.	18209549.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities			- 1			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2369824.	1892288.	5337977.	5222736.	3386724.	18209549.
	The portion of total contributions	5. 点 d 16元	AND THE REAL				
•	by each person (other than a						
	governmental unit or publicly	STEEL STANDS		ANEL ANEL			
	supported organization) included				Manager St.		
	on line 1 that exceeds 2% of the	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TO AD					
	amount shown on line 11,		SELECTION OF				
	column (f)	PAR SELECT					2737795.
6	Public support. Subtract line 5 from line 4.	TENDER OF THE	A DE LA SERVICIO				15471754.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2369824.	1892288.	5337977.	5222736.	3386724.	18209549.
8	Gross income from interest,						
Ū	dividends, payments received on		1				
	securities loans, rents, royalties,						
	and income from similar sources	789,151.	1083068.	1024952.	983,350.	1067030.	4947551.
9	Net income from unrelated business	,			200,000		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	446,609.	455 668	561 835.	447 514	577 258	2488884.
11	Total support. Add lines 7 through 10	110,0001	233,000.	301,033:			25645984.
	Gross receipts from related activities,	ato (eaa instructio	ne)				,107,099.
	First five years. If the Form 990 is for	1.23	,	V fourth or fifth ta			71077033.
10	organization, check this box and stop	_			•	10.00	
Sec	ction C. Computation of Public						
14	Public support percentage for 2017 (lin	ne 6. column (f) div	vided by line 11 co	olumo (fl)		14	60.33 %
	Public support percentage from 2016					15	54.81 %
	Ga 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						CITE MODERATOR
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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						
~							
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
h	10% -facts-and-circumstances test						
D	more, and if the organization meets the					T 100	
	organization meets the "facts-and-circu		50 500 15 G G G S1 -		BUTTONIA CONTINUE CONTINUE CONTINUE CONTINUE		,
10	Private foundation. If the organization						
10	Trivate louridation. If the organization	TOTAL THOU CHECK & L	OA OH HITE TO, 108	, 100, 17a, 01 17b			or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 LASELL COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	isted below, please com	biete Fait II.j				
Calendar year (or fiscal year beginning	in) > (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
 Gifts, grants, contributions, an membership fees received. (Do 	d o not					
include any "unusual grants.") 2 Gross receipts from admission						
merchandise sold or services p formed, or facilities furnished in any activity that is related to the organization's tax-exempt purp	n ne					
3 Gross receipts from activities t are not an unrelated trade or b iness under section 513						
4 Tax revenues levied for the org ization's benefit and either paid or expended on its behalf	·					
5 The value of services or facilities	es					
furnished by a governmental un the organization without charg						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2						
3 received from disqualified pe	rsons					
b Amounts included on lines 2 and 3 receive from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
8 Public support. (Subtract line 7c from)						
Section B. Total Support	line b.)					
Calendar year (or fiscal year beginning	in) (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		(2) 2011	(0/20.0	147-010	1072011	(1)
10a Gross income from interest, dividends, payments received securities loans, rents, royalties and income from similar source	on s,					
b Unrelated business taxable income						
(less section 511 taxes) from busin acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated bus activities not included in line 10 whether or not the business is regularly carried on						
12 Other income. Do not include gor loss from the sale of capital assets (Explain in Part VI.)	´					
13 Total support. (Add lines 9, 10c, 11, ar						
14 First five years. If the Form 99	0 is for the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
check this box and stop here						>
Section C. Computation of					T	
15 Public support percentage for 2		1.5	olumn (f))		15	%
16 Public support percentage from Section D. Computation of					16	%
			12 polium (f)		17	0/
17 Investment income percentage					17	%
18 Investment income percentage19a 33 1/3% support tests - 2017.					18 3 1/3% and line 17	% is not
more than 33 1/3%, check this						
b 33 1/3% support tests - 2016.						
line 18 is not more than 33 1/39						
20 Private foundation. If the orga					10-1	
					2000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	THE RESERVE THE PARTY OF THE PA

Yes No

Part I

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 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		
2		
3a		
3b		
20		Inches.
3c		1770
4a		
4b		
4c	400,000,000	
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Mean		
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	win.	
10a	Section 1	
4-1		
10b	0. 57\	2017

Pa	rt IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	400	100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Valida,		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		71.5	160
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	E CO		No. of
	controlled the organization's activities. If the organization had more than one supported organization,		(S. 18)	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	NO.		600
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		E 2	() E
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			2-0
	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	42.3		FRE
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100	No Carlo	100
	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	100		RED.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Dev.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			E
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			30
	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	Charles .	terral la	MEN
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution Text Account (a) and (b) by Jewes (b) and (b) by Jewes (c) and (b) by Jewes (c) and (c) by Jew	ructions)		N1-
2	Activities Test. Answer (a) and (b) below.	102 1000	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 Part VI identify	N.B.	200	
	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	2a		-17-77
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za	NOTE:	
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1000	
			41	34.3
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20	3700	355
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Hami	15517	
~	of its supported organizations? If I van II describe in Part VI the rate placed by the appearance in this record	3h		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions 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		A STATE OF S	MORE TO THE STATE OF
	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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	CONTRACTOR OF THE PARTY OF THE	RELEASE OF RELIGIONS	A SELECTION
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	9		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	Walter St. British	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	88		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	\$1900年3月2日 · 1		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			FULL STANDARD STANDARD
a				
b	From 2013		BUT THE MINISTER	
c	From 2014	Jate Maria 2276 8		
d	From 2015		Red to the second	
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		HEN ET KANSPERE	
4	Distributions for 2017 from Section D,	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
	line 7: \$	AT THE REST OF		
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			THE WEST OF THE
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	RILEO VENDORSES		
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			Variation and the
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013	KINE MY WASHIN	体用的语言(图表)	A DANSON STATE
b	Excess from 2014	THE ON BEING		
С	Excess from 2015	BANK PRESENTER		Later Bally BY 1989
d	Excess from 2016		State-Print Page 1901	POLL TRUE SUSS
- 2	Evenes from 2017		A THE STREET STATE OF THE SECOND	

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
FORM 990, SCHEDULE A, PART I, LINE 7:
THE BASIS OF THE COLLEGE'S PUBLIC CHARITY STATUS HAS BEEN AND CONTINUES
TO BE ITS QUALIFICATION AS A SCHOOL DESCRIBED IN SECTION
170(B)(1)(A)(II).
THE ORGANIZATION HAS CHECKED BOX 7 ON SCHEDULE A, PART I AND COMPLETED
SCHEDULE A, PART II IN ORDER TO DEMONSTRATE ITS QUALIFICATION TO FOLLOW
THE SPECIAL RULE FOR ABBREVIATED REPORTING OF CONTRIBUTIONS ON FORM
990, SCHEDULE B.

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.

2017
Open to Public Inspection

Name of the organization

Employer identification number

Do	t I Organizations Maintaining Depart Advisor	d Funds or Other Cimilar Funds	04-2103565
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	X Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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			
b			2 20
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		No. of Control of Cont
u	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rele		
3	year	sased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	oment is located • 1	
	Does the organization have a written policy regarding the peri		
5			X Yes No
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
6	O	landling of violations, and emorcing cons	servation easements during the year
7		ing of violations and enfancing assume	tion accompanie divine the cons
7	Amount of expenses incurred in monitoring, inspecting, handless \$\ 0 \cdot\$	ing of violations, and emorcing conserva	mon easements during the year
8	Does each conservation easement reported on line 2(d) above	a action, the requirements of eastion 170	(h)(4)(D)(i)
0		The state of the s	[T]
9	In Part XIII, describe how the organization reports conservation	n aggregate in its revenue and evapores	
9			
	include, if applicable, the text of the footnote to the organization	on s ilitariciai statements that describes	the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (ASC		nent and halance sheet works of art
14	historical treasures, or other similar assets held for public exhi		
			nice of public service, provide, in Part Alli,
L	the text of the footnote to its financial statements that describ		and belongs shoot works of out historical
b	If the organization elected, as permitted under SFAS 116 (ASC	1500 150	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pui	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
1277			
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 LASELL							<u> 10358</u>		
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	r Other	Simila	r Asse	ts (cont	inued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research e Other									
С										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exem	npt purpo	se in Pa	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "	'Yes" on l	Form 990), Part IV	, line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?			•••••			[Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amour	nt	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial accoi	unt liabilit	ty?	[Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo			0.				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y				
1a	Beginning of year balance	33,920,054.	36,358,968.	37,805			20,734		,927	
b	Contributions	536,750.	410,416.		2,135.		51,919	_	.,763	
C	Net investment earnings, gains, and losses	2,835,708.	5,082,471.		3,745.		11,083	_	,290	
d	Grants or scholarships	180,720.	140,361.	133	3,323.	1	24,231		110	590.
е	Other expenditures for facilities									
	and programs	1,583,093.	7,620,668.	1,257	7,128.		94,135		,045,	
f	Administrative expenses	-190,729.	170,772.		1,311.		60,030			990.
g	End of year balance	35,719,428.	33,920,054.	36,358	3,968.	37,8	05,340	. 37	,620,	734.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	61.16	_%							
b	Permanent endowment > 23.85	%								
C	Temporarily restricted endowment 1									
	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 an	d administer	ed for the	e organiza	ation			
	by:							_	Yes	No
	(i) unrelated organizations								X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							<u>3b</u>	1	
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	Land, Buildings, and Equipm		CT 46 C 50 50 50 50 50 50 50 50 50 50 50 50 50							
	Complete if the organization answered									
	Description of property	(a) Cost or of		or other		cumulate	ed	(d) Boo	ok valu	е
		basis (investm			dep	reciation		1 00		10
	Land			5,118.	Parple 22	20 6	0.1	1,23		
	Buildings		130,31	4,115.	44,2	30,80)T -	86,08	3,3	<u>14.</u>
	Leasehold improvements		10.00	0 204		CE =:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 00	2 -	
	Equipment	4 680 4		9,304.		65,52		2,32		
	Other	. 4,678,0	JIZ. 8,03	8,223.	4,4	52,43		8,26	3,8 6 0	-
	Order transport of a Management of a 1986 of 1986 of 1986	1 C COC C 11	and the second of the second				- Park	- / UII	n 11	1.11

Schedule D (Form 990) 2017

LASELL COLLEGE Schedule D (Form 990) 2017 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FMV INTEREST RATE SWAPS	4,513,534.
(3)	REFUNDABLE ADVANCES - PERKINS LOAN	
(4)	PROGRAM	321,014.
(5)	CONDITIONAL ASSET RETIREMENT	
(6)	OBLIGATION	44,500.
(7)	ANNUITY OBLIGATIONS	392,900.
(8)	CAPITAL LEASE LIABILITY	99,394.
(9)	457 PLAN LIABILITY	200,000.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25,)	5,571,342.

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 LASELL COLLEGE				<u>2103585</u>	Page	
Pai	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Re	turn.			
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1				_1_	63,801	<u>, 560</u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ř.					
а	Net unrealized gains (losses) on investments	2a	422,488.	1			
b	Donated services and use of facilities	2b		IIIAO			
С	Recoveries of prior year grants		1 100 101				
d	Other (Describe in Part XIII.)	2d	1,483,491.	1965	1 005	0.00	
е	Add lines 2a through 2d			2e	1,905		
3	Subtract line 2e from line 1			3	61,895	, 281	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	150 503	N. Sign			
а	Investment expenses not included on Form 990, Part VIII, line 7b			100000000000000000000000000000000000000			
b	Other (Describe in Part XIII.)				21 100	012	
	Add lines 4a and 4b			4c	31,108		
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statemen	ate W	ith Evnenses per F	5 Potur	93,004	,404	
Fa				ıctui	11.		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				61,449	510	
1	Total expenses and losses per audited financial statements			1	01,449	, 510	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 .	t .	Tools.			
a	Donated services and use of facilities	2a		*****			
b	Prior year adjustments	2b		Section 1			
C	Other losses	2c	60,912.	185			
d	Other (Describe in Part XIII.)			10000		012	
е	Add lines 2a through 2d			2e		,912	
3	Subtract line 2e from line 1			3	61,388	,606	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	450 500	100			
а	Investment expenses not included on Form 990, Part VIII, line 7b		159,503.				
b	Other (Describe in Part XIII.)	4b	30,949,320.	1			
С	Add lines 4a and 4b			4c	31,108		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	92,497	,429	
Pai	t XIII Supplemental Information.						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	', lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part)	<i,< td=""></i,<>	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal int	formation.				
PAF	T II, LINE 5:						
200							
MEN	BERS OF THE CITY'S CONSERVATION COMMITTEE \	7ISI	T THE LOCATI	ON	TO ENSU	RE	
THA	T WE ARE IN COMPLIANCE.						
D. 1	m **						
PAL	T V, LINE 4:						
D01	DD DEGLOVE THE DVDOLDATION THE PARTY OF THE PARTY OF		UE DOIDD OF	morr	amppa	.	
BOE	RD-DESIGNATED ENDOWMENT - FUNDS SET ASIDE F	3 Y 'I'	HE BOARD OF	TKU	STEES FO	JR	
amt	AMERICA DUDDOCTIC AND MO DDOUTDE THEIROMATINE		ME MO GUIDDOD	ш О		TO	
STF	ATEGIC PURPOSES AND TO PROVIDE INVESTMENT	NCO	ME TO SUPPOR	T 0.	PERATIO	NS.	
THESE AMOUNTS MAY ONLY BE USED WITH THE APPROVAL OF THE BOARD OF TRUSTEES.							
-						-	
DEF	MANIENIII ENIDOLIMENIII AMOITIIII DEGIDTOITE DU DO	יייינו	מ אמאדאומה איי	ν n.	VDENINTOI	יזסד	
PERMANENT ENDOWMENT - AMOUNTS RESTRICTED BY DONORS AGAINST ANY EXPENDITURE							
ΛE	OF DETROIDAL GUDGEAUETALLY ALL MUE INCOME PARAMER ON DETROIDAL MAY BE MORE						
Or.	OF PRINCIPAL. SUBSTANTIALLY ALL THE INCOME EARNED ON PRINCIPAL MAY BE USED						

27950.01

FOR GENERAL OR DONOR-RESTRICTED PURPOSES AND IS RECORDED IN UNRESTRICTED

732054 10-09-17

NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS, AS APPROPRIATE.

PART X, LINE 2:

THE COLLEGE ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE COLLEGE HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DETERMINATION AS TO ITS INCOME BEING RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS; HOWEVER, THE COLLEGE HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING THE COLLEGE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING RECOGNITION. JURISDICTION. THE COLLEGE'S FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
----------	------	----	---	-------	--------------

CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	969,703.
RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B	48,984.
CHANGE IN ACTUARIAL VALUE OF ANNUITY LIABILITIES	304,300.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	148,576.
COST OF SALES INCLUDED ON PART VIII, LINE 7B	11,928.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,483,491.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 30,785,381.

Schedule D (Form 990) 2017 LASELL COLLEGE	04-2103585 Page 5
Part XIII Supplemental Information (continued)	
AUXILIARY ENTERPRISE DISCOUNTS	17,446.
OTHER EXPENSE	53,673.
ANNUITY PAYMENTS	92,820.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	30,949,320.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B	48,984.
COST OF SALES INCLUDED ON PART VIII, LINE 7B	11,928.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	60,912.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID	30,785,381.
AUXILIARY ENTERPRISE DISCOUNTS	17,446.
ANNUITY PAYMENTS	92,820.
OTHER EXPENSE	E2 (72
TOTAL TO SCHEDULE D, PART XII, LINE 4B	30,949,320.
,	
	· · · · · · · · · · · · · · · · · · ·
	•
	·

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Schools

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LASELL COLLEGE

Employer identification number 04-2103585

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	200	THE PARTY	939
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	50	1000	
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	155	MIS.	
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		LA S	
	If you need more space, use Part II	3		X
	SEE PART II		W.L.	1000
		33	1 50	300
		370	IN SE	
			133	
			60.01	
4	Does the organization maintain the following?	210	Way.	WH.
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			3/17
		3734		
				Willey.
				5000
			DE	S. LE
5	Does the organization discriminate by race in any way with respect to:			77
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С		5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	_5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h	ESHOE:	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	125		1
		330	3/3	Sales)
				16
			- 17 10	
C -	Describe approximation reaches any fire exist aid an existence for	I COCON	Х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Λ	X
D	Has the organization's right to such aid ever been revoked or suspended?	6b	11:50	Λ
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			1 - V
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		Х	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	1 /	Δ	

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

Schedule E (Form 990 or 990-EZ) 2017

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization		
	T.ACET.T.	COLLEGE

Employer identification number 04-2103585

Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BENEFACTOR GROUP - 450 S.		Yes	No			
FRONT ST., COLUMBUS, OH	FUNDRAISING COUNSEL		х	0.	22,081.	0.
otal 3 List all states in which the organizatio or licensing. 1A,AK,CO,DC,KY,MD,ME,1		ontribu	utions	or has been notified	22,081. it is exempt from reg	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 LASELL COLLEGE	04-2103585 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
The line hame and address of the person who prepares the organization's gaming/special events books and rec	,ords.
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the a	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name .	
Name	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
47 Mandatan diatributions	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	***************************************
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the
organization's own exempt activities during the tax year \(\) \\$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): an	od Doublil lines O Ob 10b 15b
	d Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	ATSERS:
beambould of react if being 25, below of the intermediate into the control of the	TIED DE L'
(I) NAME OF FUNDRAISER: BENEFACTOR GROUP	
Tay mana da a danamanan ana ana ana ana ana ana ana ana	
(I) ADDRESS OF FUNDRAISER: 450 S. FRONT ST., COLUMBUS, OH	43215
·	

Schedule G (Form 990 or 990-EZ) LASELL COLLEGE	04-2103585 Page 4
Schedule G (Form 990 or 990-EZ) LASELL COLLEGE Part IV Supplemental Information (continued)	
	· · · · · · · · · · · · · · · · · · ·

Schedule G (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.

| 2017

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
LASELL CO							04-2103585
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records 							
criteria used to award the grants or assi	stance?						Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	× =				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
recipient that received more than					/6 Mathad of		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	=-	e line 1 table				

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) LASELL COLLEGE					04-2103585	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash ass	istance
SEOG GRANTS	62	0.	122,438.	FMV	CREDIT TO STUDENT ACCOUNT	S
MASSACHUSETTS GILBERT GRANTS	241	0.	336,800.	PMV	CREDIT TO STUDENT ACCOUNT	5
LASELL SCHOLARSHIPS AND OTHER FINANCIAL AID AWARDS	1674	0.	30,666,556.	FMV	CREDIT TO STUDENT ACCOUNT	5
SCHOLARSHIPS FROM RESTRICTED GIFTS	19	0.	53,750.	FMV	CREDIT TO STUDENT ACCOUNT	s
		l				
LASELL SIBLING DISCOUNTS	35	0.	65,221.		CREDIT TO STUDENT ACCOUNT	s
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2: INSTITUTIONAL FINANCIAL ASSISTANCE	TC AWADE	NED BASED (N BOWL X E	TNANCTAT.		
NEED AND MERIT BASIS. FINANCIAL N						
THE FREE APPLICATION FOR FEDERAL S						
THE USE OF THE FEDERAL METHODOLOGY						
INSTITUTIONAL METHODOLOGY NEED ANA						
STUDENTS WHO MEET CERTAIN ACADEMIC	CRITERIA	WHO MAY	OR MAY NOT	ALSO HAVE		
FINANCIAL NEED FOR ASSISTANCE. CA	MPUS BASE	D FINANCIA	AL ASSISTAN	ICE FROM		
FEDERAL AND STATE SOURCES IS AWARD	ED BASED	ON FINANCI	AL NEED AN	D OTHER		
722102 11 01 17					Schedule I /Form	200) (201°

Schedule I (Form 990) LASELL COLLEGE					04-2103585 Page 2
Part III Continuation of Grants and Other Assistance to Individe	uals in the Unite	d States (Schedule	I (Form 990), Part II	1.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LASELL OTHER TUITION DISCOUNTS	1,	0.	17,300.	FMV	CREDIT TO STUDENT ACCOUNTS

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

LASELL COLLEGE

Employer identification number 04-2103585

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Va A		19.00
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	PI		
	First-class or charter travel X Housing allowance or residence for personal use	48		
	Travel for companions Payments for business use of personal residence		17.18	FILE
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
				200
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	F300	7 S.	
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	trustees, and officers, including the OLO/LACCULIVE Director, regarding the items checked of fine has			100
3	Indicate which if any of the following the filing organization used to establish the componential of the executable of	93	100	23
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			179
			1300	
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract		100	U 337
	The factor of th		0 = 1	B
	Independent compensation consultant X Compensation survey or study	1		33
	X Form 990 of other organizations X Approval by the board or compensation committee	-	100	V. 35
	During the control of		1380	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	i de la		
	organization or a related organization:		Name of	Х
	Receive a severance payment or change-of-control payment?	4a	v	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	messass.	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Marie 1	620	
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4	500	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		(FYE)	
	The organization?	5a		X
b	Any related organization?	5b	-	X
	If "Yes" on line 5a or 5b, describe in Part III.		1257	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	11/2	50	
	contingent on the net earnings of:	874		Edy.
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		The same	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		W. A.	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			100
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Ti Vise	
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL B. ALEXANDER	(i)	380,329.	0.	11,024.	71,877.	26,412.	489,642.	0.
The state of the s	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. MICHAEL J. HOYLE	(i)	212,871.	0.	276.	16,158.	11,003.	240,308.	0.
ASST TREASURER; VP ADMIN & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAMELA FARIA (THROUGH 12/17)	(i)	130,856.	0.	1,524.	10,144.	12,044.	154,568.	0.
ASST CLERK; VP SPECIAL ASST TO PRES.	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEAN J. HICKEY	(i)	228,224.	0.	276.	17,993.	29,103.	275,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. KATHLEEN M. O'CONNOR	(i)	209,811.	0.	792.	16,012.	11,805.	238,420.	0.
VP ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR. JAMES M. OSTROW	(i)	193,862.	0.	792.	15,313.	26,457.	236,424.	0.
VP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANE M. AUSTIN	(i)	156,599.	0.	1,524.	11,982.	9,649.	179,754.	0.
VP STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNE E. DOYLE	(i)	211,538.	20,000.	517.	15,885.	1,750.	249,690.	0.
VP LASELL VILLAGE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2017

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE COLLEGE PROVIDED NON-TAXABLE HOUSING TO THE ASSISTANT CLERK/VP SPECIAL
ASSISTANT TO THE PRESIDENT AS PART OF HER COMPENSATION.
PART I, LINE 4B:
DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2017 THE COLLEGE OFFERED
RETIREMENT PLANS PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE
FOR CERTAIN EMPLOYEES, AS FOLLOWS: MICHAEL ALEXANDER, \$40,000
PART I, LINE 7:
AS DETAILED ON SCHEDULE J, PART II, BONUSES WERE AWARDED TO CERTAIN
EMPLOYEES DURING THE YEAR. BONUSES WERE AWARDED AT THE DISCRETION OF THE
PRESIDENT OF THE COLLEGE.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

LASELL COLLEGE							er ident -2103			iber
Part Bond Issues SEE PART VI FOR COLUMN	IS (A) AN	D (F) C	CONTINU	ATIONS						
(a) Issuer name (b) Issuer EIN (c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) Defea	sed (h) C			ooled
							_	issuer	_	ncing
MASSACHUSETTS			C	ONSTRUC	TTON OF	Yes I	No Yes	No	Yes	No
A DEVELOPMENT FINANCE AGEN 04-3431814 57583RZC2	08/07/08	1466	1.00		E HALL &	1 1	x	x		x
MASSACHUSETTS	00/0//00	1400			REFUND OF		_	+^		
B DEVELOPMENT FINANCE AGEN 04-3431814 57583RGS8	09/28/06	6 400					x	x		х
MASSACHUSETTS 1821 1921 1931 1931 1931 1931 1931 1931 19	03/20/00	0,400		ONSTRUC			22			
c DEVELOPMENT FINANCE AGEN 04-3431814 57583RGS8	09/28/06	1207	1000		E HALL &		x	x		х
MASSACHUSETTS	03720700	2207		EFUND PI				+		
D DEVELOPMENT FINANCE AGEN 04-3431814 57583UCZ9	05/25/11	2458	111 (274.0)		D NEW CON		x	X		x
Part II Proceeds							- Ju			
	A			В	С			D		
1 Amount of bonds retired		5,000.	1,5	05,000.	795,	000.		3,70	0,0	00.
2 Amount of bonds legally defeased										
3 Total proceeds of issue	. 14,73	2,917.	6,4	00,000.	12,292,	12,292,016.				66.
4 Gross proceeds in reserve funds									1,959,2	
5 Capitalized interest from proceeds	66	61,623.		000.		80	7,4	00.		
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds		8,753.		23,645.				38	2,3	72.
8 Credit enhancement from proceeds	6	9,657.	9,657. 1		33,	798.				
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	. 13,75	2,884.		53,884.		8,592,712.				
11 Other spent proceeds			6,2	04,550.	3,054,	3,054,487.		. 10,41		28.
12 Other unspent proceeds										
13 Year of substantial completion	2	009		2007	200	17		2	012	
	Yes	No	Yes	No	Yes	No	Yes		No	
14 Were the bonds issued as part of a current refunding issue?		X		X	X		X	_		
15 Were the bonds issued as part of an advance refunding issue?		X	X			X		_		X
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			
Part III Private Business Use					92					
4 Westerness to the second of	A A			В	Ç			D		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No X	Yes	No X	Yes		No	Х
which owned property financed by tax-exempt bonds?		Α.		Λ.		Α		-		
2 Are there any lease arrangements that may result in private business use of		x		x		x				Х
bond-financed property?				A						Λ

ENTITY 2

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2017
Open to Public Inspection

Name of the organization

LASELL COLLEGE Employer identification number 04-2103585

Part I Bond Issues	EE PART VI	FOR COLUM	NS (A) AN	D (F)	CONTIN	UATIONS			T 21			
(a) Issuer name	(b) issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issa	ue price	(f) Description	on of purpose	(g) De	feased (h)	On beha of issuer		ooled ncing
								Yes	No Y	es No	Yes	No
MASSACHUSETTS						CONSTRUC						
A DEVELOPMENT FINANCE AGE	N 04-3431814	NONE	10/08/15	1000	0000.	ACADEMIC	BUILDING		Х	X		X
В												
•												
_C												
D												
Part II Proceeds												
				1		В	С			D		
1 Amount of bonds retired			11	3,770.								
2 Amount of bonds legally defeased												
3 Total proceeds of issue			10,08	31,935.								
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds												
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds			10,08	31,935.								
11 Other spent proceeds												
12 Other unspent proceeds												
13 Year of substantial completion			2	017								
			Yes	No	Yes	No	Yes	No	Y	s	No	
14 Were the bonds issued as part of a current i				X								
15 Were the bonds issued as part of an advance				X								
16 Has the final allocation of proceeds been ma				X								
17 Does the organization maintain adequate books and record	to support the final allocation	of proceeds?	Х									
Part III Private Business Use					т—				_			
		2 8 (3)	-	1		В	Ç			D		
1 Was the organization a partner in a partners	• 1111 - 1111 - 1111 - 111111	LLC,	Yes	No X	Yes	No	Yes	No	Y	es	No	
which owned property financed by tax-exem				X					-	\rightarrow		
2 Are there any lease arrangements that may				x								
bond-financed property?				X	ļ		<u> </u>					

Schedule K (Form 990) 2017 LASELL COLLEGE			04-	<u>4103385</u>				Page
Part III Private Business Use (Continued)								
		A		В		С	1	D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X		X		X		Х
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		х		X		Х		Х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by		1		-		1		
entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00
5 Enter the percentage of financed property used in a private business use as a result of		70		70		,,,		
unrelated trade or business activity carried on by your organization, another	1							
section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00
	1	.00 %		.00 %		.00 %		.00
	-	X		X		X		X
7 Does the bond issue meet the private security or payment test?						A		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								77
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections						1 1		
1.141·12 and 1.145·2?								
9 Has the organization established written procedures to ensure that all nonqualified						1		
bonds of the issue are remediated in accordance with the requirements under						1 1		
Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	
Part IV Arbitrage								
		Ą		В		Ç		Þ
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?				-2				
a Rebate not due yet?		X		X		X		Х
b Exception to rebate?	V	X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	10							
performed								
3 Is the bond issue a variable rate issue?	X		Х		Х			X
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	X		x		X			X
b Name of provider	RBS CITIZ	ENS	RBS CITIZ	ens	RBS CITIZ	ens		
c Term of hedge	29.	0000000	20.	0000000	30.	0000000		
d Was the hedge superintegrated?		X		X		X		
11/ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		X	-	X		X		
e Was the hedge terminated?				_ A			edule K (Fo	0001 01

LASELL COLLEGE

Page 2

Sche	dule K (Form 990) 2017 LASELL COLLEGE				04-	7T03282				Page 2
Par	Private Business Use (Continued)									
			Α			3		C)
За	Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of									
-	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.00	%		%		%		%
7	Does the bond issue meet the private security or payment test?		X	-/0		70		70		,,,
	Has there been a sale or disposition of any of the bond-financed property to a non-									
Oli	governmental person other than a 501(c)(3) organization since the bonds were issued?		х							
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		- 41							
U				%		%		%		0/
_	of			70		70		70		70
C										
_	1.141-12 and 1.145-2?		-	-						
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under	x								
	Regulations sections 1.141-12 and 1.145-2?									
Par	t IV Arbitrage									
			A	_		3		C)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X	_						
2	If "No" to line 1, did the following apply?			_						
	Rebate not due yet?		X	_						
	Exception to rebate?		Х							
<u>c</u>	No rebate due?	X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
	Term of hedge									
	Was the hedge superintegrated?									
	Was the hedge terminated?									

				320000				i age c
Part IV Arbitrage (Continued)	-			3)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	162	X	162	X	res	X	168	X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X		X		х		x	
Part V Procedures To Undertake Corrective Action								
	1			3		:)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of				.,,-		.,,,,		
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X		X		X		х	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:				_				
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	ZY.						
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	S							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	CY.						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY.						
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	S							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC								
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE AN	D NEW (CONSTRU	CTION					
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						
·								
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09	/01/20:	.7						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09	/01/20:	.7						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	CY						

Page 3

Part IV Arbitrage (Continued)			<u>,</u>					
		Ą	E	3	(ī	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	E	3		2	l l	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	'S				-			
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	S							
/ - \								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC			CETAN					
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE AN	D NEW	CONSTRU	CTION		1 - 1 - 1			
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	TE ACENT	av						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	NGEN	CI						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	E AGEN	CY						
DATE THE REBATE COMPUTATION WAS PERFORMED: 09								
	,,							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						
DATE THE REBATE COMPUTATION WAS PERFORMED: 09								
	,,,							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGEN	CY						

Schedule K (Form 990) 2017	LASELL COLLEGE	04-2103585	Page 4
Part VI Supplemental Information.	Provide additional information for responses to quest	tions on Schedule K. See instructions (Continued)	
DATE THE REBATE (COMPUTATION WAS PERFORMED:	09/01/2017	
	SACHUSETTS DEVELOPMENT FINA		
DATE THE REBATE (COMPUTATION WAS PERFORMED:	06/30/2017	
	SACHUSETTS DEVELOPMENT FINA		
DATE THE REBATE (COMPUTATION WAS PERFORMED:	08/31/2017	
FORM 990, SCHEDULE K-	PART II, LINE 3-TOTAL PROC	CEEDS OF ISSUE.	
THE DIFFERENCES CONS	ST OF INTEREST EARNED: COL	LUMN A AMOUNT \$67,917.	
COLUMN C AMOUNT \$222	016. COLUMN D AMOUNT \$413.	COLUMN E AMOUNT	
\$81,935.			

SCHEDULE M (Form 990)

Noncash Contributions

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

2017

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

LASELL COLLEGE 04-2103585 Types of Property Part I (a) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 146,671. FAIR MARKET VALUE Securities - Publicly traded X 9 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

732141 09-07-17

LHA

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Name of the organization

LASELL COLLEGE

Employer identification number 04-2103585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTELLECTUAL EXPLORATION AND SOCIAL RESPONSIBILITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUCH AS INTERNSHIPS, PRACTICA, SERVICE LEARNING, AND MEANINGFUL
PROJECTS. CONNECTED LEARNING AT LASELL COLLEGE INVOLVES STUDENTS
DIRECTLY AND ACTIVELY IN THE FIELDS THEY ARE LEARNING. IN ALL MAJORS,
STUDENTS EXPLORE REAL ISSUES, EVENTS, PROBLEMS, AND SOLUTIONS. LASELL
COLLEGE FACULTY ARE COMMITTED TO CREATIVELY INTEGRATING CHALLENGING
COURSEWORK WITH PRACTICAL EXPERIENCE IN AN ENVIRONMENT THAT FOSTERS
LIFELONG INTELLECTUAL EXPLORATION, ACTIVE CITIZENSHIP AND SOCIAL
RESPONSIBILTIY.
**NUMBER OF STUDENTS IN 2017-2018 SCHOOL YEAR:
FALL 2017 SEMESTER: UNDERGRADUATE 1669 FULL-TIME, 27 PART-TIME;
GRADUATE 123 FULL-TIME, 246 PART-TIME.
SPRING 2018 SEMESTER: UNDERGRADUATE 1569 FULL-TIME, 30 PART-TIME;
GRADUATE 155 FULL-TIME, 251 PART-TIME.
GRADUATE 155 FULL-TIME, 251 FART-TIME.
SUMMER 2017 TERM 2: UNDERGRADUATE 64 PART-TIME; GRADUATE 1 FULL-TIME,
165 PART-TIME.
SUMMER 2018 TERM 1: UNDERGRADUATE 211 PART-TIME; GRADUATE 5 FULL-TIME,
251 PART-TIME.

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

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

OUR UNDERGRADUATE STUDENTS REPRESENT 29 STATES AND 22 FOREIGN COUNTRIES.

AND OUR GRADUATE STUDENTS REPRESENT 30 STATES AND 20 FOREIGN COUNTRIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDED FACILITIES FOR OTHER EDUCATIONAL ORGANIZATIONS TO CONDUCT

EDUCATIONAL PROGRAMS AND TO PROVIDE HOUSING TO STUDENTS.

EXPENSES \$ 514,987. INCLUDING GRANTS OF \$ 0. REVENUE \$ 500,642.

FORM 990, PART VI, SECTION B, LINE 11B:

A MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES

(BOT) REVIEWED THE FORM 990 AND RECOMMENDED TO THE FULL BOT THAT THE FORM

990 BE ACCEPTED AND FILED. THE FORM 990 WAS MADE AVAILABLE TO THE FULL BOT

PRIOR TO THE BOARD MEETING AND THE BOT APPROVED THE MOTION TO ACCEPT THE

FORM 990 AND FILE THE DOCUMENT.

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

THE TRUSTEES SEND THE CONFLICT OF INTEREST FORMS TO THE EXECUTIVE ASSISTANT

TO THE PRESIDENT WHO REVIEWS THE FORMS, LOOKING FOR CONFLICTS NOTED OR NOT

NOTED BY THE TRUSTEE(S). IF A CONFLICT IS NOTED, THE FORM IS SENT TO THE

COMMITTEE ON TRUSTEES OF THE BOARD TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF LASELL COLLEGE CONDUCTS AN ANNUAL WRITTEN

EVALUATION OF THE PRESIDENT OF THE COLLEGE WHOSE DUTIES ALSO INCLUDE CEO OF

LASELL VILLAGE AND ESTABLISHES COMPENSATION BASED ON PERFORMANCE AND AMONG

OTHER DATA, CONSIDERS A COMPARISON OF PRESIDENTS AND CEO'S AT SIMILAR SIZED

INSTITUTIONS.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization LASELL COLLEGE	Employer identification number 04-2103585
THE PRESIDENT REVIEWS THE PERFORMANCE OF EACH OFFICER AND	KEY EMPLOYEE
AGAINST A WRITTEN SET OF GOALS. COMPENSATION IS DETERMINED	BY REVIEWING
SALARY DATA OF THE RESPECTIVE POSITION AT PEER INSTITUTION	NS, AS WELL AS
REVIEWING SALARY DATA FROM NATIONAL SURVEYS.	
N	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST. THE	FINANCIAL
STATEMENTS OF LASELL COLLEGE ARE AVAILABLE ON THE COLLEGE'	S WEBSITE AS WELL
AS IN THE RESERVE SECTION OF THE COLLEGE LIBRARY. ADDITION	NALLY, THE AUDITED
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE VIA THE MA	ASSACHUSETTS
ATTORNEY GENERAL'S WEBSITE AND WWW.GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	969,703.
CHANGE IN ACTUARIAL VALUE OF ANNUITY LIABILITIES	304,300.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	148,576.
TOTAL TO FORM 990, PART XI, LINE 9	1,422,579.
· · · · · · · · · · · · · · · · · · ·	-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization LASELL COLLEGE					E	Employer identific $04-21035$		ımber
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year		ts Direct c	(f) ontrolling stity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or mo	re related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) irect controlling entity	(g) Section 512(b)(controlled entity?	
				501(c)(3))			Yes	No
LASELL VILLAGE - 22-3042122								
120 SEMINARY AVE. AUBURNDALE, MA 02466	RESIDENTIAL CARE	MASSACHUSETTS	501(C)(3)	LINE 10	T 3 CITI	YY TNO		x
LASELL INC 86-1070319	RESIDENTIAL CARE	MASSACRUSETTS	501(0)(3)	DINE TO	DASE	LL INC.		
1844 COMMONWEALTH AVE.	-							
NEWTON, MA 02466-2716	ADMINISTRATIVE SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 12B, II	N/A			х

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

Schedule R (Form 990) 2017

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentag ownership
		country)		sections 512-514)		ussets	Yes	No	K-1 (Form 1065)	Yes No	
			,							\vdash	
										\vdash	
	•										
			ļ								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled ity?
CHARITABLE REMAINDER TRUSTS (3)	INVESTMENTS	MA	LASELL COLLEGE	TRUST				х	
TRUST	INVESTMENTS	MA	LASELL COLLEGE	TRUST	0.	614,740.		х	
TRUST	INVESTMENTS	MA	LASELL COLLEGE	TRUST	0.	1,152,916.		х	

Par	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, line 34, 35b, o	or 36.					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions				1885 P		151		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
C	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)									
ì	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
					FREE				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X			
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X		
n	type (a-s)								
0	Sharing of paid employees with related organization(s)				10	Х			
							13-75		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
							The big		
r	Other transfer of cash or property to related organization(s)				1r		X		
s					1s		X		
							4		
	(a)	(b) Transaction	(c)		olved/				
1)									
2)									
3)									
4)									
5)									
J/									
6)									

Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No		Share of total income	Share of end-of-year assets		ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partner Yes N	or Percentage ownership
				Н	-			_			\vdash	-
					7						H	
					-							
				П					Г		П	
				Ш					L			
								+	+		\vdash	+

chedule R (Form 990) 2017 LASELL COLLEGE	04-2103585	Page
Chedule R (Form 990) 2017 LASELL COLLEGE Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
Provide additional information for responses to questions on Schedule N. See instructions.		
		_
		_

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING JUNE 30, 2018

PREPARED FOR:

LASELL COLLEGE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PREPARED BY:

CBIZ MHM, LLC 500 BOYLSTON STREET BOSTON, MA 02116

AMOUNT DUE OR REFUND:

BALANCE DUE OF \$6,965

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Notice 2018-100

Form	990-T	E	exempt Organization B	Tax Ret	urn	L	ОМВ	No. 1545-0687			
		1	(and proxy tax u							0	047
		For cal	endar year 2017 or other tax year beginning JUL	1, 2	201	7, and ending	JUN 30,	2018	3 . [2	.'U T /
	tment of the Treasury		Go to www.irs.gov/Form990T f						-	Open to	Public Inspection for
	al Revenue Service		Do not enter SSN numbers on this form as it					-		501(c)(3)	Organizations Only tification number
A L	Check box if address changed		Name of organization (Check box if name of organization (me char	iged a	nd see instructions.)	ľ	(Empl	loyees' tr	ust, see
	xempt under section	Print	LASELL COLLEGE						a.v.		103585
X	501(c)(3)	Type	Number, street, and room or suite no. If a P.O			tructions.		ļ!		ated busi nstruction	ness activity codes ns.)
	408(e) 220(e)	1,700	1844 COMMONWEALTH AVI								
	408A530(a) 529(a)		City or town, state or province, country, and Z NEWTON, MA 02466-270		reign	postal code					
C Bo	ok value of all assets and of year		F Group exemption number (See instructions.								
	149,980,7		G Check organization type ► X 501(c)	corpora	ation	501(c) tru	st	401(a) t	trust	L	Other trust
-			ry unrelated business activity. NONE					400	_	-	
			oration a subsidiary in an affiliated group or a p	parent-s	ubsidi	ary controlled group	p?		Ye	s L	X No
			fying number of the parent corporation.	D	777	D EOD 3 T-1		- 61	1 7	2/2	2000
			IICHAEL J. HOYLE, PH. e or Business Income	υ.,		(A) Income	117	penses		243	(C) Net
Y-300			e of Business meetic	T	+	(A) Illiconie	(6) (7)	Deliges			(O) NET
	Gross receipts or sale Less returns and allow		c Balance	<u>.</u> .	1c				F		
2			A, line 7)		2		Sto Tile			STATISTICS.	
3	Gross profit. Subtract				3			cells of	100		
4 a	71		n Schedule D)		la l		18 NO. 18 NO.	703			
b			art II, line 17) (attach Form 4797)		1b			NY .	19		
C			ts .		1c		TO DESCRIPTION	SYAV			
5			ps and S corporations (attach statement)		5		Mas Olt	400			
6	Rent income (Schedu				6						
7	Unrelated debt-finance		e (Schedule E)		7						
8			nd rents from controlled organizations (Sch. F)		8						
9			n 501(c)(7), (9), or (17) organization (Scheduk		9						
10			me (Schedule I)		10						
11	Advertising income (S	Schedule	J)	1	11						
12			s; attach schedule) STATEMENT 1		12	39,747	- California - Cal	1100	-		39,747.
Pa	Total. Combine lines	3 throu	t Taken Elsewhere (See instruction		13	39,747					39,747.
Га	(Except for o	contribu	tions, deductions must be directly connec	cted wi	ith the	unrelated busine	ess income.)				
14			ectors, and trustees (Schedule K)						14		
15	Salaries and wages								15		
16									16		
17									17		
18 19									18 19		
20	Charitable contribution	ons (See	instructions for limitation rules)	• • • • • • • • • • • • • • • • • • • •				····	20		
21			62)				***************************************		100		-
22			Schedule A and elsewhere on return						22b		
23									23		
24			npensation plans						24		
25	Employee benefit pro	grams							25		
26	Excess exempt exper	nses (Sc	nedule I)						26		
27	Excess readership co	osts (Sch	edule J)		• • • • • • • • •				27		
28	Other deductions (att	tach sch	edule)						28		
29	Total deductions. Ac	dd lines	4 through 28					💄	29		0.
30	Unrelated business to	axable in	come before net operating loss deduction. Sub	tract lin	e 29 fi	rom line 13			30		39,747.
31	Net operating loss de	eduction	(limited to the amount on line 30)						31		20 747
32			come before specific deduction. Subtract line 3						32		39,747.
33			\$1,000, but see line 33 instructions for exceptions						33		1,000.
34			ncome. Subtract line 33 from line 32. If line 33						34		38,747.

Page 2

Part I	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.		27.50	
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$		(Artic	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1. 2	
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34 SEE STATEME	NT 2 ▶	35c	6,965.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3			
	Tax rate schedule or Schedule D (Form 1041)	>	36	
37	Proxy tax. See instructions		37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	6,965.
Part I	V Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		5 1	
	Other credits (see instructions)		1	
C	General business credit. Attach Form 3800 41c		(Faring	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d		EX	
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	6,965.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43		44	6,965.
45 a	Payments: A 2016 overpayment credited to 2017 45a			•
	2017 estimated tax payments 45b			
	Tax deposited with Form 8868 45c			
d	Foreign organizations; Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	-		
	Other credits and payments: Form 2439 Form 4136 Other Total ▶		4 11	
46	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	***************************************	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	6,965.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	- 7,5555
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded >	50	
The second name of the second	Statements Regarding Certain Activities and Other Information (see		1 00 1	
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may hav			NO NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign of			
	here	ound y		Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to a foreign trust?		X
0.2	If YES, see instructions for other forms the organization may have to file.	to, a foreign tract:		Esal Social
53	Enter the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements a	nd to the best of my knowle	edge and be	elief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k VP FOR ADMI	nowledge,		
Here	FINANCE	, n	_	discuss this return with shown below (see
	Signature of officer Date Title		nstructions)	
-	Print/Type preparer's name Preparer's signature Date		if PTIN	
Detail	Trino Type preparet 3 hante	self- employed		1
Paid	rer CRAIG KLEIN 03/08/	, ,		0734640
Prepa	CDTG MUM II.G	Firm's EIN		3-3753134
Use O	500 BOYLSTON STREET	THITISLIN	۵ (
	Firm's address ► BOSTON, MA 02116	Phone no 6	517-7	61-0600
	, , DOLOM , III OLIIV	T Hone no.	- 1 1	Form 990-T (2017)
				101111 000 1 (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases			7	Cost of goods sold. St		AND THE RESERVE OF THE PARTY OF	1		
3 Cost of labor	3			from line 5. Enter here		200			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Ye	s No	
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to	1000	No.	
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prope	erty)		
Description of property									
(1)									
(2)									
(3)									
(4)	2. Rent receiv	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than				onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income I 2(b) (attach schedule)	in	
(1)		ulere	nt is das	ed on profit or income)					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated Del	ot-Financed	Income (see	e instru	ctions)					
			2	. Gross income from		ected with or allocable d property			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule)	ocable to by column sed property			7. Gross income reportable (column 2 x column 6)	8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on pa		
Totals						0.		0.	
Totals Total dividends-received deductions in								<u> </u>	

Schedule F - Interest,			ies, and	Rents	From Co	ntrolle	d Organiza	tions	S (see ins		
				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organization		2. Emp identific numb	cation	3. Net uni (loss) (see	related income e instructions)	4. Tot payr	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incom-		Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income	8. Net un	related income e instructions	e (loss)	9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ing organ s income	nization's		peductions directly connected th income in column 10
(1)											
(2)	1										
(3)											
(4)											
N/							Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0
Schedule G - Investme		e of a S	ection (501(c)(7	7), (9), or (17) Org	ganization				
(see inst	tructions)						3. Deduction	ns			5. Total deductions
1. Desc	cription of incom	e			2. Amount of	income	directly conne	cted	4. Set-	asides schedule)	and set-asides (col. 3 plus col. 4)
(1)							(=1,=2)				(40.110 p.110 00.11)
(2)											
(3)								-			
								_			
(4)					Enter here and	on page 1.	DE LOCK TO SERVICE	IU HO BE	de la contra	J 5-2-5	Enter here and on page
Fotals					Part I, line 9, co						Part I, line 9, column (B)
Schedule I - Exploited		Activity	Income	, Other	Than Adv		g Income				
(see instri	2. Grunrelated be income trade or bu	usiness from	3. Expedirectly convith proconf unrelated	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here page 1, I line 10, c	Part I, ol. (A).	Enter here page 1, line 10, c	Part I, col. (B).							Enter here and on page 1, Part II, line 26.
^{[otals} ► Schedule J - Advertisi	na Incom	0. e (see in	structions	0.			1000		AND THE PARTY	IN STR	0
Part I Income From					solidated	Basis					
Name of periodical		2. Gross		. Direct	4. Advert or (loss) (co	ol. 2 minus	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
<u> </u>		income	auvei	tising costs	cols. 5 th	rough 7.	- Income		COSI		than column 4).
(1)					1878 1000		-				
(2)					T27/6						
(3)					BLOS E						a to be a
(4)					Tenas I						HOUSE HAD STATE
											2/3
otals (carry to Part II, line (5))		0).	0	•						Form 990-T (201
											FORM 220-1 (201

Form 990-T (2017) LASELL CO.							<u>-210358</u>	5 Page	e :
Part II Income From Perio			parate B	asis (For eac	ch perio	dical listed in I	Part II, fill in		
columns 2 through 7 on a	ine-by-line basis.)		- r .					_	_
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	or (los	dvertising gain ss) (col. 2 minus f a gain, compute s. 5 through 7.		culation (3. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	5
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.					0) .
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part I line 11, col. (B	10.50					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.		0.	NO.				0).
Schedule K - Compensation	n of Officers, D	Directors, a	and Trus	tees (see in:	struction	ns)		^	
1. Name			2	. Title		 Percent of time devoted to business 		pensation attributable prelated business	
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, li	ne 14)	•	0) .

Form 990-T (2017)

LASELL COLLEGE 04-2103585

FORM 990-T OTHER INCOME	STATEMENT 1
DESCRIPTION	AMOUNT
AMOUNTS PAID FOR DISALLOWED FRINGES	39,747.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	39,747.

LASELL COLLEGE 04-2103585

FORM	990-T LINE 35C TAX COMPUTAT	ION		STATEMENT 2
1.	TAXABLE INCOME		. 38,747	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	•	. 38,747	
3.	LINE 1 LESS LINE 2		. 0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	т.	. 0	
5.	LINE 3 LESS LINE 4		. 0	
6.	INCOME SUBJECT TO 34% TAX RATE		. 0	
7.	INCOME SUBJECT TO 35% TAX RATE		. 0	
8.	15 PERCENT OF LINE 2		5,812	
9.	25 PERCENT OF LINE 4		. 0	
10.	34 PERCENT OF LINE 6		. 0	
11.	35 PERCENT OF LINE 7		. 0	
12.	ADDITIONAL 5% SURTAX		. 0	
13.	ADDITIONAL 3% SURTAX		. 0	
14.	TOTAL INCOME TAX			5,812
			=	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/201	L7	8,137	
	I	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	2,930	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	4,035	6.065
18.	TOTAL TAX PRORATED	365	_	6,965

27950.01

Section 1.263 (a)-1(f) De Minimis Safe Harbor Election

Lasell College 1844 Commonwealth Avenue Newton, MA 02466-2709

Employer Identification Number: 04-2103585

For the Year Ending June 30, 2018

Lasell College is making the de minimis safe harbor election under Reg. Sec. 1.263 (a) -1(f).

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying n	umber			
Type or print						Employer identification number (EIN) or $04-2103585$			
File by the due date for filing your return. See	lie by the use date for Number, street, and room or suite no. If a P.O. box, see instructions. Soliday your 1844 COMMONWEAT.TH AVENUE					Social security number (SSN)			
Instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	ress, see instructions.	^ 21. n. u. mm.u					
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 7			
Applicati Is For	on	Return Code	Application Is For			Return Code			
Form 990	or Form 990-EZ	01	Form 990 T (corporation)			07			
Form 990	PBL :	02	Form 1041-A			08			
Form 472	(individual)	03	Form 4720 (other than individual).	***		09			
Form 990	PP	04	Form 5227			10			
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	+T (trust other than above)	06	Form 8870 I. D., VP FOR ADMII			12			
If this box box length	organization does not have an office or place of businessis for a Group Return, enter the organization's four digit it is for part of the group, check this box paquest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta MA	mption Number (GEN) ch a list with the names and EINs o Y 15, 2019 , to fil	lf this is fo f all memb	r the whole group ers the extension	is for.			
	calendar year or X tax year beginning JUL 1, 2017 te tax year entered in line 1 is for less than 12 months, of the control of the cont	4.5		Final retur					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any						
non	refundable credits. See instructions.	1874 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3a	\$	0			
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	.3b.	\$	0.*.			
	ance due. Subtract line 3b from line 3a. Include your pa								
by i	using EFTPS (Electronic Federal Tax Payment System).	See instruc	tions.	3c	5	0 .			
Caution: instruction	If you are going to make an electronic funds withdrawalns.	(direct deb	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO	for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

TAX RETURN FILING INSTRUCTIONS MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING JUNE 30, 2018

PREPARED FOR:	
LASELL COLLEGE 1844 COMMONWEALTH AVE NEWTON, MA 02466-2709	NUE
PREPARED BY:	
CBIZ MHM, LLC 500 BOYLSTON STREET BOSTON, MA 02116	
TO BE SIGNED AND DATED BY:	
THE AUTHORIZED INDIVIDUA	AL(S).
AMOUNT OF TAX:	
TOTAL TAX LESS: PAYMENTS AND CREDITS PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTIES BALANCE DUE	\$ 3,100 \$ 0 \$ 0 \$ 115 \$ 3,215
OVERPAYMENT:	
CREDITED TO YOUR ESTIMATED TAX OTHER AMOUNT REFUNDED TO YOU	\$ 0 \$ 0 \$ 0
MAKE CHECK PAYABLE TO:	
COMMONWEALTH OF MASSA	ACHUSETTS
MAIL TAX RETURN AND CHECK (IF APPLICA	ABLE) TO:
MASS. DEPARTMENT OF REVP.O. BOX 7067 BOSTON, MA 02204	/ENUE
RETURN MUST BE MAILED ON OR BEFORE	:
JUNE 17, 2019	
SPECIAL INSTRUCTIONS:	



Massachusetts Department of Revenue Form M-990T Unrelated Business Income Tax Return

2017

Y 1, 2017 Federal Identificat		JUNE 30,	7070
04 61	ion number		
04-21035	35		
State 7ID	Pho	no number	
			0.0
Ш			
7	. Пет.	П	
Federal amendn	ent L Federal audit	☐ Final return	
e) 530(a)			
Other			
line 34)		▶ 1	38,747
stock taxes deducte	ed from U.S. net income	▶ 2	
		▶ 3	
ent		▶ 4	
ine 31)		▶ 5	
nt		▶ 6	
		▶ 7	
Total cost		x.10 = ▶ 8	
xpenses (enclose ex	planation)	▶ 9	
		▶ 10	38,747
or 1.0, whichever	applies)	> 11	1.000000
		12	38,747
		13	
		▶ 14	38,747
		▶ 15	
		16	38,747
cnowledge and hel	ief, this return and enclos	sures are true	orrect and complete
Date	Social Security number	9	Phone number
Data	Employer Identification		7-243-2100
			Address MA 02116
	Fill in if a Taxpaye Federal amendm 530(a) Other line 34) stock taxes deducted and belicate Total cost expenses (enclose expenses (enclose expenses) for 1.0, whichever a series of the cost expenses (enclose expenses) knowledge and belicate Date Date 03/08/19	MA 02466-2709 61 Fill in if a Taxpayer Disclosure Statement is e Federal amendment Federal audit 530(a) Other Iine 34) stock taxes deducted from U.S. net income intent line 31) Total cost xpenses (enclose explanation) xpenses (enclose explanation) 5 or 1.0, whichever applies) Another applies Social Security number Date Employer Identification or 03/08/19 26-3753134	### ### ##############################



Federal Identification number 04-2103585 Name of company LASELL COLLEGE Excise calculation (cont'd.) 17 Loss carryover deduction (from Schedule NOL) 38,747. 18 Taxable income. Subtract line 17 from line 16 3,100. 20 Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions 3,100. 21 Excise due before credits. Add lines 19 and 20 21 Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return. 22 Total Credits. Enclose Credit Manager Schedule **Excise after credits** 3,100. 24 Voluntary contribution for endangered wildlife conservation 25 Total excise plus voluntary contribution. Add lines 23 and 24 3,100. **Payments** 26 2016 overpayment applied to 2017 estimated tax▶26 27 2017 Massachusetts estimated tax payments (do not include amount in line 26) 28 Payment made with extension 30 Pass-through entity withholding ______ Payer Identification number > 32 Total payments. Add lines 26 through 31 Refund or balance due 33 Amount overpaid. Subtract line 25 from line 32 34 Amount overpaid to be credit to 2018 estimated tax 35 Amount overpaid to be refunded. Subtract line 34 from line 33 36 Balance due. Subtract line 32 from line 25 3,100. 37a M-2220 penalty ▶37a 115. 37b Other penalties ■ 37b 115. 38 Interest on unpaid balance Total payment due at time of filing 3,215.

778032 12-07-17



2017 Form M-2220

MA17656011019

Underpayment of Massachusetts Estimated Tax by Corporations

LASELL COLLEGE 04 2103585

Type of return filed (fill in one only): ▶ 355 355U 355S X Other

Figuring your underpayment

9.	annig year amaerpayment					
1.	Enter 2017 tax				1	3100
2.	Enter 90% of line 1				2	2790
3.	Enter 90% of 2017 tax using 2016 income apportionment p	percentage			3	2790
4.	Enter 2016 tax				4	
5.	Enter line 2, 3 or 4, whichever is smallest				5	2790
6.	Enter in col's, a through d (respectively) the installment date	tes				
	of the 15th day of the 3rd, 6th, 9th and 12th months of you	ır	a.	b.	c.	ď.
	taxable year	▶ 6	09 15 2017	12 15 2017	03 15 2018	06 15 2018
7.	Enter in col. a line 5 x 40%					
	Enter in col. b line 5 x 25%					
	Enter in col. c line 5 x 25%					
	Enter in col. d line 5 x 10%	7	1116	698	698	279
	Check if you are a new corporation					
8.	Amount paid or credited for each period	8				
9.	Overpayment of previous installment	9				
10.	Total. Add lines 8 and 9	10				
11.	Overpayment. Subtract line 7 from line 10	11				
12.	Underpayment. Subtract line 10 from line 7	12	1116	698	698	279
	Enter the installment dates used in line 6					
13.	Amount of underpayment (from line 12)	13				
14.	Enter the date of payment or the 15th day of					
	the third month after the close of the taxable					
	year, whichever is earlier	14				
15.	Number of days from due date of installment to the	date				
	show in line 14	15				
16.	Number of days in line 15 after 3/15/17 and before 4/1/17	16				
17.	Number of days in line 15 after 3/31/17 and before 7/1/17	17				

SEE ATTACHED UNDERPAYMENT WORKSHEET

03/19/2019 07:35:22

757471 03-02-18



2017 Form M-2220, pg. 2

MA17656021019

Underpayment of Massachusetts Estimated Tax by Corporations

	ASELL COLLEGE			04	21	03585			
Figu	ıring your underpayment pena	lty		a.		b.	c.	d.	
	Enter same installment dates used in line 6	>							
18.	Number of days in line 15 after 6/30/17 and before 10/1/17	18							
19.	Number of days in line 15 after 9/30/17 and before 1/1/18	19							
20.	Number of days in line 15 after 12/31/17 and before 4/1/18	20							
21.	Number of days in line 15 after 3/31/18 and before 7/1/18	21							
22.	Number of days in line 15 after 6/30/18 and before 10/1/18	22							
23.	Number of days in line 15 after 9/30/18 and before 1/1/19	23							
24.	Number of days in line 15 after 12/31/18 and before 2/16/19	24							
25.	Underpayment in line 13 x (number of days in line 16 ÷								
	365) x 5%	25							
26.	Underpayment in line 13 x (number of days in line 17 ÷								
	365) x 5%	26							
27.	Underpayment in line 13 x (number of days in line 18 ÷								
	365) x 5%	27							
28.	Underpayment in line 13 x (number of days in line 19 ÷								
	365) x 5%	28							
29.	Underpayment in line 13 x (number of days in line 20 ÷								
	365) x 5%	29							
30.	Underpayment in line 13 x (number of days in line 21 ÷								
	365) x rate to be determined	30							
31.	Underpayment in line 13 x (number of days in line 22 ÷								
	365) x rate to be determined	31							
32.	Underpayment in line 13 x (number of days in line 23 ÷								
	365) x rate to be determined	32							
33.	Underpayment in line 13 x (number of days in line 24 ÷								
	365) x rate to be determined	33							
34.	Add lines 25 through 33	34					100		
35.	Total of amounts shown in line 34			79 1000 DALCE - NAME			>	35	115
			SEE	ATTAC	HED	UNDERPAYM	IENT	WORKSHEET	

03/19/2019 07:35:22

757472 03-02-18

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

MA

ame(s)				Identifying Numl	
(A) *Date	EGE (B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
09/15/17	1,116.	1,116.	91	.000136986	1
12/15/17	698.	1,814.	90	.000136986	2
03/15/18	698.	2,512.	16	.000136986	
03/31/18	0.	2,512.	76	.000164384	3
06/15/18	279.	2,791.	92	.000164384	4
alty Due (Sum of Colum	nn F).				11

^{*} Date of estimated tax payment, withholding credit date or installment due date.

712511 04-01-17

Form	990-T	E	Exempt Org	ganization Bus				Return	F	OMB No. 1545-0687
				(and proxy tax und				0.01	ا ۲	2017
		For ca		ax year beginning JUL 1,), ZUI	<u>8</u>	ZU 17
	tment of the Treasury al Revenue Service	>	Do not enter SSN nu	www.irs.gov/Form990T for inmbers on this form as it may	be mad	e public if your or	ganization is			Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed		Name of organization	n (Check box if name o	changed a	and see instruction	s.)		(Empl	oyer identification number oyees' trust, see ctions.)
	xempt under section	Print	LASELL CO	LLEGE						4-2103585
X] 501(c)(3)	Or		room or suite no. If a P.O. bo		tructions.				ated business activity codes nstructions.)
	408(e) 220(e)	Туре	1844 COMM	ONWEALTH AVEN	UE					î
	408A 530(a) 529(a)			province, country, and ZIP of A 02466–2709	r foreign	postal code				
C Bo	ok value of all assets		F Group exemption r	number (See instructions.)	>					
	149,980,7	32.	G Check organization	type X 501(c) cor	poration	501(c) t	rust	401(a)	trust	Other trust
H De	scribe the organization	n's prima	ary unrelated business	activity. NONE						
I Du	iring the tax year, was	the corp	oration a subsidiary in	an affiliated group or a pare	nt-subsid	iary controlled gro	up?	▶	Ye	s X No
			tifying number of the p							
				HOYLE, PH. D	., V	P FOR A T	elephone nun	nber 🕨 6	<u> 17-</u>	243-2000
Pa	rt I Unrelated	d Trac	de or Business	Income		(A) Income		B) Expenses		(C) Net
1 a	Gross receipts or sale	S							A PA	
b	Less returns and allow				1c					
2					2		10000			LALIN STORY OF THE STORY
3	Gross profit, Subtract				3				100	
4a					4a		10000	TE CUE		
				Form 4797)	4b					
					4c		A STATE OF THE PARTY OF THE PAR			
5	5 5 6			(attach statement)	5		E-Ballon			
6	Rent income (Schedu				6					
7				(O-1-E)	7		_		-	
8				ed organizations (Sch. F)	8					
9 10				7) organization (Schedule G)	9 10		_		-	,
11					11		_			
12	Other income (See inc	struction	is attach schodule)	STATEMENT 1	12	39,74	7.	MACH JIFEED	2000	39,747.
13	Total. Combine lines				13	39,74				39,747.
The second				nere (See instructions fo						05//5/
				nust be directly connected				э.)		
14	Compensation of offi	icers, dir	rectors, and trustees (S	Schedule K)					14	
15									15	
16	Repairs and mainten	ance .							16	
17									17	
18	Interest (attach sche	dule) .							18	
19	Taxes and licenses								19	
20	Charitable contribution	ons (See	instructions for limita	tion rules)					20	-
21										
22				here on return					22b	
23									23	
24	Contributions to dete	rrea cor	npensation plans						24	
25	Evenes avantable pro	yrams	hadula IV						25	1)
26	Excess exempt exper	ists (Sch	nedule I)						26	
27 28	Other deductions (att	ach coh	edule)			*****************			27	
28 29	Total deductions Ac	aun Süfl Id linne	14 through 29						28 29	0.
29 30	Unrelated husingse to	au iiiitti ayahle in	rome hefore net oper	ating loss deduction. Subtrac	t line 20 t	from line 12	•••••		30	39,747.
31				t on line 30)					31	33,1710
32				deduction. Subtract line 31 fr					32	39,747.
33				3 instructions for exceptions					33	1,000.
34				33 from line 32. If line 33 is					30	
- 1	line 32				g u.o. 11	oz, ontol t			34	38.747.

Part I	II Tax Computation									
35	Organizations Taxable as Corporations. See instr	ructions for tax computation.								
	Controlled group members (sections 1561 and 156	63) check here See instruction	s and:							
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
	1) [\$ (3) [\$									
b		inter organization's share of: (1) Additional 5% tax (not more than \$11,750)								
	(2) Additional 3% tax (not more than \$100,000)									
C	Income tax on the amount on line 34	SEE ST	PATEMENT :	2	35c	6,965.				
36	Trusts Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on the amo	unt on line 34 from:		(1)2\(1)					
	Tax rate schedule or Schedule D (Fo				36					
37	Proxy tax. See instructions				37					
38	Alternative minimum tax				38					
39	Tax on Non-Compliant Facility Income. See instru	ections			39					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies			40	6,965.				
Table 1	V Tax and Payments	were the same			1 70 1	0/3001				
-	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a							
	2.0	1 4010 414011 51111 1 1 10)			温暖)					
	General business credit. Attach Form 3800				100					
d	Credit for prior year minimum tax (attach Form 880	11 or 8827\	416							
					41e					
42	Total credits. Add lines 41a through 41d			***************************************		6,965.				
	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255	Form 9611 Form 9607 Form	a cocc C T Other		42	0,303.				
43	T . I				43	6,965.				
44					44	0,303.				
	Payments: A 2016 overpayment credited to 2017									
D	2017 estimated tax payments		45b		100					
C	Tax deposited with Form 8868		450							
	Foreign organizations: Tax paid or withheld at sour				1000					
е	Backup withholding (see instructions)		45e		43 KS					
	Credit for small employer health insurance premiur		45f		- 633					
g	Other credits and payments:	orm 2439			1					
	Form 4136 0	therTotal	► 45g		128.00					
46	Total payments. Add lines 45a through 45g				46					
	Estimated tax penalty (see instructions). Check if Fe				47					
	Tax due. If line 46 is less than the total of lines 44				48	6,965.				
	Overpayment. If line 46 is larger than the total of li				49					
	Enter the amount of line 49 you want: Credited to			efunded >	50					
	Statements Regarding Certain									
51	At any time during the 2017 calendar year, did the	organization have an interest in or a signat	ture or other authori	ty		Yes No				
	over a financial account (bank, securities, or other)	in a foreign country? If YES, the organization	tion may have to file)						
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter the name of t	the foreign country			1285 1/8 3				
	here >					X				
52	During the tax year, did the organization receive a c	listribution from, or was it the grantor of, o	or transferor to, a fo	reign trust?		X				
	If YES, see instructions for other forms the organiz	ation may have to file.								
53	Enter the amount of tax-exempt interest received or	accrued during the tax year >>\$								
	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	d statements, and to the	e best of my knowle	edge and belief, it is	true,				
Sign										
Here		FINAN	CE		ne preparer shown b					
	Signature of officer	Date Title		in	nstructions)?	Yes No				
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN					
Paid		, ,		self- employed	1					
Prepa	rer CRAIG KLEIN		03/08/19)5	P0073	4640				
Use O	- NOTE SETTLE TE			Firm's EIN		53134				
030 0	500 BOYLST	ON STREET								
	Firm's address ► BOSTON, MA			Phone no. 6	517-761-	0600				
10						990-T (2017)				

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation > N/A				
1 Inventory at beginning of year				Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su		1.00	200	
3 Cost of labor				from line 5. Enter here	and in	Part I,	0.0	
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section			Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		Ru I
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Per	sonal Property L	ease	d With Real Prope	rty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
rent for personal property is more than			personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	centage columns 2(a) and 2(b) (attach schedule)			i
(1)								
(2)				_				
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	. Gross income from or allocable to debt-		Deductions directly connected to debt-financed	d property	
1. Description of debt-fin	anced property			financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)			1					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 . Allocable deducting (column 6 x total of column 3(a) and 3(b))	ons lumns
(1)				%				
(1) (2)				%				
(3)			+	%				
Tarana and			1					
(4)				%				
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on page Part I, line 7, column (I	(B).
Totals				▶		0.		0.
Total dividends-received deductions in-	aludad in aalumn	. a						Λ

Form 990-T (2017)

Schedule F - Interest	, Annuities,	Royalties,					tions	(see ins	structio	ns)
4		0 =		Controlled O					T	C 5 4 3 3 4
 Name of controlled organ 	ization	2. Employer identification number	3. Net un (loss) (see			tal of specified ments made	Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)									-	
(2)										
(3)										
(4)									- +	
lonexempt Controlled Orga	anizations									
7. Taxable Income		ated income (loss)	O Total	of openified nav	nanta	40 Dort of colum	nn O that i	in in alludad	44.5	Deductions directly connected
7. Taxable modifie		nstructions)	9. Total	of specified payr made	nents	10 Part of colur in the controlli gross	ng organiz income	zation's		th income in column 10
(1)										
(2)										
(3)										
(4)										
			- Li			Add colum Enter here and line 8, c		t, Part I,		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
otals								0.		0
Schedule G - Investm	ent Income	of a Section	on 501(c)(7	7) (9) or (17) Ord	anization		0.		
	structions)	or a cook	011 00 1(0)(1	,, (o), or (, 018	jannza a a a i				
						3. Deduction		4. Set-	neidee	5. Total deductions
1. D	escription of income			2. Amount of	income	directly connectation (attach schedu			schedule)	and set-asides (col. 3 plus col. 4)
(1)										
2)										
3)										
(4)										
				Enter here and		Service Service	137 (6)	IF LEVIS	STE ST	Enter here and on page
otals			.	Part I, line 9, co	0 .					Part I, line 9, column (B)
Schedule I - Exploite	d Exempt Ac	tivity Inco	me, Other	Than Adv		g Income				
1. Description of	2. Gross	ness direc	. Expenses of the connected of the connected of the connected of the connection of t	4. Net incomfrom unrelated business (co	trade or lumn 2	5. Gross inco from activity the	hat	6. Exp		7. Excess exempt expenses (column 6 minus column 5,
exploited activity	income fro trade or busir	m ness	f unrelated iness income	gain, compute	minus column 3). If a gain, compute cols. 5 through 7.		is not unrelated att		mn 5	but not more than column 4).
(1)										
2)										
(3)										
(4)										
	Enter here an page 1, Par line 10, col.	tl, pa	er here and on age 1, Part I, e 10, col. (B).							Enter here and on page 1, Part II, line 26.
otalsl	>	0.	0.	AT SHEET	- W	AT A MA	78	70 LIG.	-615	0
Schedule J - Advertis										
Part I Income From	n Periodicals	Reported	on a Cons	solidated	Basis					
1. Name of periodical	adv	Gross vertising acome	3. Direct advertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus iin, compute	5. Circulati income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
1)					3627					
(2)										TANK TO SERVICE
3)				4-32						
4)										
otals (carry to Part II, line (5))		0.	0							0
										Form 990-T (201)

Form 990-T (2017) LASELL CO:					04 - 21		5 Page
Part II Income From Perio			ate Basis (For eac	ch periodical listed	in Part II,	fill in	
columns 2 through 7 on a	l line-by-line basis.)						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.	A PART SALES		PALAGO	70,5	0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.			a di Tin		0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see ins	structions)			
1. Name			2. Title	3. Percentime devote business	ed to		ensation attributable elated business
(1)					%		
(2)					%		
_(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, li	ne 14				>		0.

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
AMOUNTS PAID FOR DISALLOWED FRII	NGES	39,747.
TOTAL TO FORM 990-T, PAGE 1, LII	NE 12	39,747.

04-2103585 LASELL COLLEGE

FORM	990-T LINE 35C TAX COMPUTAT	ION	STATEMENT 2
1.	TAXABLE INCOME	38,74	7
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	38,74	7
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	т	0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2	5,81	2
9.	25 PERCENT OF LINE 4)
10.	34 PERCENT OF LINE 6)
11.	35 PERCENT OF LINE 7)
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		5,812
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/201	17 8,13'	7
		DAYS	=
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 2,930 181 4,03!	
18.	TOTAL TAX PRORATED	365	6,965
TO.	TOTAL TAX ENOUGHD		0,565

Section 1.263 (a)-1(f) De Minimis Safe Harbor Election

Lasell College 1844 Commonwealth Avenue Newton, MA 02466-2709

Employer Identification Number: 04-2103585

For the Year Ending June 30, 2018

Lasell College is making the de minimis safe harbor election under Reg. Sec. 1.263 (a) -1(f).

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING JUNE 30, 2018

PREPARED FOR:

LASELL COLLEGE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PREPARED BY:

CBIZ MHM, LLC 500 BOYLSTON STREET BOSTON, MA 02116

AMOUNT OF TAX:

BALANCE DUE OF \$1,000

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

HTTPS://WWW.MASS.GOV/AGO/EPAY

YOU WILL RECEIVE A REAL-TIME CONFIRMATION NUMBER ON THE RECEIPT. AN E-MAIL CONFIRMATION NUMBER WILL ALSO BE SENT TO THE EMAIL ADDRESS PROVIDED DURING THE PROCESS. PLEASE SEND US A COPY FOR OUR RECORDS.

A PRINTOUT OF THE RECEIPT OR THE E-MAIL CONFIRMATION MUST BE INCLUDED WITH THE FORM PC THAT YOU MAIL IN ORDER TO VERIFY YOUR PAYMENT.

WRITE IN THE ELECTRONIC PAYMENT CONFIRMATION NUMBER IN THE APPROPRIATE SPACE ON THE FIRST PAGE OF THE FORM PC. INCLUDE A COPY OF EITHER THE PAYMENT RECEIPT FROM THE ONLINE PAYMENT PROCESS OR THE E-MAIL CONFIRMATION WITH FORM PC BEFORE FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/17 to 06/30		Check all items attached (if applicable)							
Attorney General's Account #: 005090		Filing Fee or F Electronic Pay Confirmation	rintout of ment						
Federal ID #: 04-2103585	X Copy of IRS Return								
Electronic Payment Confirmation #:	X Audited Finan Statements/R	eview							
When did the organization first engage in charitable work in Massachusetts?		11/13/1851	X Amended Artic By-Laws X Schedule A-1	cles/					
Has the organization applied for or been granted	X Schedule A-2 X Schedule RO Schedule VCO								
IRS tax exempt status?		X Yes No	Probate Accor						
If yes, date of application OR date of determination letter:		05/01/1928							
IRS Exemption under 501(c):		3							
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?									
Organization Data									
Name: LASELL COLLEGE									
Mailing Address: 1844 COMMONWEALTH AVENUE	Е								
City: NEWTON	s	state: MA ZIP	02466-2709						
Phone Number: 617-243-2000		Fax Number: 617-243-2380							
Email: MHOYLE@LASELL.EDU		Website: WWW.LASELL.EDU							
		·							
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu		ing tables found in the instructions.							
Category	Code	Category		Code					
County (Table 1)	9	Organization Purpose Code 1		1					
Type of Organization (Table 2)	2	Organization Purpose Code 2							
Please check box if final return prior to dissolution:	Please check box if final return prior to dissolution:								
		Office Use Only: Pa	avment Received						
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LASELL COLLEGE

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- 1. On what date was the organization created? $\frac{11/13/1851}{1}$
- 2. Where was the organization created? NEWTON (AUBURNDALE), MA
- 3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	
Other (please describe):			

- 4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.
- 5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	3,386,724.
B.	Gross support and revenue	91,505,505.
C.	Program services and similar amounts paid out	82,872,682.
D.	Fundraising expenses	2,143,634.
E.	Management and general expenses	7,481,113.
F.	Payments to affiliates	0.
G.	Total expenses	92,497,429.
Н.	Net assets or fund balances at the end of the year	71,215,716.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	MICHAEL B. ALEXANDER				
1.	PRESIDENT	40.00	391,353.	98,289.	0.
	DR. MICHAEL J. HOYLE				
2.	VP FOR ADMIN. & FINANCE	40.00	213,147.	27,161.	0.
	DR. KATHLEEN M. O'CONNOR				
3.	VP ENROLLMENT MGMT	40.00	210,603.	27,817.	0.
	DEAN HICKEY				
4.	VP DEVELOPMENT/ALUMNI RELATIONS	40.00	228,500.	47,096.	0.
	ANNE E. DOYLE				
5.	VP LASELL VILLAGE	40.00	232,055.	17,635.	0.

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response	onse to 6?	If yes, please
	provide explanation (attach separate sheet).	Yes	X No

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

Name/Title	Amount of Compensation	Type(s) of Service
		ARCHITECTURAL
1. CANNON BOSTON, INC.	405,743.	SERVICES
		CONSULTING
2. RUFFALOCODY HOLDINGS, LLC	334,118.	SERVICES
3. CHARLES RIVER INTERACTIVE	180,973.	MEDIA SERVICES
		ACCOUNTING & TAX
4. CBIZ MHM, LLC	159,105.	SERVICES
5. HOLLAND & KNIGHT LLP	156,494.	ATTORNEYS

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	ETRIP TO STRIP STRIP	Phone Number
SEE STATEMENT 1			
What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
1. If organization's mailing address is a P.O. Box, lis	st the organization's full street address	:	
Address: N/A			
City:		State:	ZIP Code:
2. Contact Person Name: MICHAEL J. H	OYLE, PH. D.		
Street Address: 1844 COMMONWEALT	H AVE		
City: NEWTON		State: MA	ZIP Code: 02466
Phone Number: 617-243-2000			

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	LASELL COLLEGE	04-2103585	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	X Yes	No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 uthe solicitation certificate requirement.	X Yes	No
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by cheto identify which exemption applies to your organization.	necking the box to the right	
	a religious organization		
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does no	ot receive contributions from	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, includin	g fundraising, through unpaid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for	this exemption.)	
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/o	chapters/branches/affiliates.	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, a	and the principal salaried executives	
	of organization. STATEMENT 2		
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized t	o sign checks, and any individual(s)	
	responsible for: custody of funds; distribution of funds; fundraising; and custody of financial record STATEMENT 3	ds.	
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in an		
	other state?	X Yes	No
	STATEMENT 4		
	If you attach list of states where solicitation was conducted, including registered agency, dates of re	egistration, registration numbers, any	

other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of

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the solicitation conducted.

FORM PC	BANK	IN WHI	CH FUNDS	ARE	DEPOSITED	STATEMENT 1
NAME AND ADDRESS						PHONE NUMBER
CITIZENS BANK, N.A. 53 STATE STREET BOSTON, MA 02109						617-725-7838
THE VILLAGE BANK 307 AUBURN STREET AUBURNDALE, MA 02466						617-527-6090
US BANK 777 EAST WISCONSIN AV MILWAUKEE, WI 53202	Æ					414-765-4029
TD BANK 2 PORTLAND SQUARE PORTLAND, ME 04112						800-462-3666

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

NAME AND ADDRESS TITLE

MICHAEL B. ALEXANDER PRESIDENT 1844 COMMONWEALTH AVENUE

NEWTON, MA 02466-2709

DR. MICHAEL J. HOYLE ASST TREASURER; VP ADMIN & F

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PAMELA FARIA (THROUGH 12/17) ASST CLERK; VP SPECIAL ASST

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

HENRY PUGH 1844 COMMONWEALTH AVENUE

NEWTON, MA 02466-2709

KEON HOLMES CHAIR

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

GERRY DEROCHE VICE CHAIR

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PETER SCHULTE TREASURER

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

LORI HINDLE CLERK

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

RICHARD K. BLANKSTEIN TRUSTEE/PAST CHAIR

1844 COMMONWEALTH AVENUE

RENA CLARK TRUSTEE 1844 COMMONWEALTH AVENUE

MICHAEL CONNOR TRUSTEE

1844 COMMONWEALTH AVENUE

ASSISTANT CLERK/ EXE. ASSIST

NEWTON, MA 02466-2709

NEWTON, MA 02466-2709

NEWTON, MA 02466-2709

TRUSTEE

ERIC COSTIN 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

TRUSTEE

JOHN DORAN TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

SUSAN RINKLIN DUNNE TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

DEBORAH ESTABROOK 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

PATRICIA FLATLEY TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

IRWIN GRUVERMAN TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

DAVID HILL TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

BRAD KATES TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

JOE MARAIA TRUSTEE

1844 COMMONWEALTH AVENUE

NEWTON, MA 02466-2709

KAREN MCCAFFERTY TRUSTEE (THROUGH 6/18)

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

DAVID MCINNIS TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

LAURIE PASCAL TRUSTEE

1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709

> STATEMENT(S) 2 2017.05040 LASELL COLLEGE 27950.01

HEIDI RAFFONE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709 TRUSTEE

DEBBIE SCHNEIDER 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709 TRUSTEE

WARNER SLACK 1844 COMMONWEALTH AVENUE NEWTON, MA 02466-2709 TRUSTEE (THROUGH 6/18)

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
MICHAEL J. HOYLE 1844 COMMONWEALTH AVE. NEWTON, MA 02466	RESPONSIBLE FOR CUSTODY OF FUNDS
MICHAEL J. HOYLE 1844 COMMONWEALTH AVE. NEWTON, MA 02466	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
DEAN J. HICKEY 1844 COMMONWEALTH AVE. NEWTON, MA 02466	RESPONSIBLE FOR FUNDRAISING
MICHAEL J. HOYLE 1844 COMMONWEALTH AVE. NEWTON, MA 02466	CUSTODY OF FINANCIAL RECORDS
MICHAEL J. HOYLE 1844 COMMONWEALTH AVE. NEWTON, MA 02466	AUTHORIZED TO SIGN CHECKS
MICHAEL B. ALEXANDER 1844 COMMONWEALTH AVE NEWTON, MA 02466	AUTHORIZED TO SIGN CHECKS
DIANE E. PARKER 1844 COMMONWEALTH AVE NEWTON, MA 02466	AUTHORIZED TO SIGN CHECKS
CHRISTOPHER MACKEY 1844 COMMONWEALTH AVE NEWTON, MA 02466	AUTHORIZED TO SIGN CHECKS

FORM PC

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STATEMENT 4

REG AGENCY
REFER TO STATEMENT 6

DATE OF REG
REG NUMBER
OTHER NAMES USED
REFER TO STATEMENT 6

SOLICIT DATE
TYPE OF SOLICITATION

LASELL COLLEGE

20.	Has	this organization or any of its officers, directors, or employees:		
	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
		u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating	g the	

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LASELL COLLEGE

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
Α.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	X Yes	☐ No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	X Yes	☐ No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	X Yes	□ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	X Yes	□ No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	☐ No
1.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

STATEMENT 5

FORM PC

PAGE 6, LINE 24

STATEMENT 5

NAME AND ADDRESS

24H - MICHAEL B. ALEXANDER 1844 COMMONWEALTH AVENUE NEWTON, MA 02466

NATURE OF TRANSACTION

AMOUNT INVOLVED

489,642.

OFFICER'S COMPENSATION

BOARD APPROVAL

PROCEDURE FOLLOWED

NAME AND ADDRESS

24H - DR. MICHAEL J. HOYLE 1844 COMMONWEALTH AVENUE NEWTON, MA 02466

NATURE OF TRANSACTION

AMOUNT INVOLVED

OFFICER'S COMPENSATION

240,308.

PROCEDURE FOLLOWED

BOARD APPROVAL

NAME AND ADDRESS

24H - PAMELA FARIA 1844 COMMONWEALTH AVENUE NEWTON, MA 02466

NATURE OF TRANSACTION

AMOUNT INVOLVED

OFFICER'S COMPENSATION

154,568.

PROCEDURE FOLLOWED

BOARD APPROVAL

NAME AND ADDRESS

24B - LASELL VILLAGE, INC. 120 SEMINARY AVENUE AUBURNDALE, MA 02466

NATURE OF TRANSACTION

LAND LEASE

PROCEDURE FOLLOWED

BOARD APPROVAL

AMOUNT INVOLVED

207,509.

NAME AND ADDRESS

24F - LASELL VILLAGE, INC. 120 SEMINARY AVENUE AUBURNDALE, MA 02466

NATURE OF TRANSACTION

EDUCATION/MGMT/FACILITIES

PROCEDURE FOLLOWED

BOARD APPROVAL

AMOUNT INVOLVED

1,634,600.

NAME AND ADDRESS

24G - LASELL VILLAGE, INC. 120 SEMINARY AVENUE AUBURNDALE, MA 02466

NATURE OF TRANSACTION

STUDENT SWIM

PROCEDURE FOLLOWED

BOARD APPROVAL

AMOUNT INVOLVED

2,123.

NAME AND ADDRESS

24F - LASELL VILLAGE, INC. 120 SEMINARY AVENUE AUBURNDALE, MA 02466

NATURE OF TRANSACTION

OFFICER'S COMPENSATION - ANNE DOYLE 249,690.

PROCEDURE FOLLOWED

BOARD APPROVAL

NAME AND ADDRESS

24G - LASELL, INC. 1844 COMMONWEALTH AVENUE NEWTON, MA 02466

NATURE OF TRANSACTION

ADMINISTRATIVE SERVICES 14,731.

PROCEDURE FOLLOWED

BOARD APPROVAL

NAME AND ADDRESS

24D - LASELL VILLAGE, INC. 120 SEMINARY AVENUE AUBURNDALE, MA 02466

NATURE OF TRANSACTION

ACCOUNTS RECEIVABLE

PROCEDURE FOLLOWED

BOARD APPROVAL

AMOUNT INVOLVED

AMOUNT INVOLVED

AMOUNT INVOLVED

50,871.

NAME AND ADDRESS

24H - HENRY PUGH 1844 COMMONWEALTH AVENUE NEWTON, MA 02466

NATURE OF TRANSACTION

OFFICER'S COMPENSATION

PROCEDURE FOLLOWED

BOARD APPROVAL

AMOUNT INVOLVED

83,626.

FORM PC PAGE 4, LINE 19 STATEMENT 6

Solicit Funds in Any Other State

State	Reg agency	Date Registered	Registration Number	Solicitation dates	Type of solicitation
AK	Dept of Law, Attorney General	2013	N/A	Various	Various solicitation methods
AL	Exempt from registration	2013	INA	Various	Various solicitation methods
AR				Various	Various solicitation methods
AZ	Exempt from registration			Various	Various solicitation methods
CA	Registration not required				
	Exempt from registration	2012	00422020240	Various	Various solicitation methods
CO	Secretary of State	2013	20133030348	Various Various	Various solicitation methods Various solicitation methods
DC DC	Exempt from registration	2014	400044000406	Various	Various solicitation methods
	Dept of Consumer & Reg Affairs	2014	400214000196		Various solicitation methods
DE	Registration not required			Various	
FL	Exempt from registration			Various	Various solicitation methods
GA	Exempt from registration			Various	Various solicitation methods
HI	Exempt from registration			Various	Various solicitation methods
<u>IA</u>	Registration not required			Various	Various solicitation methods
ID	Registration not required			Various	Various solicitation methods
IL	Exempt from registration			Various	Various solicitation methods
IN	Registration not required			Various	Various solicitation methods
KS	Exempt from registration	NO. 17 192		Various	Various solicitation methods
KY	Dept of Attoney General	2013	9442	Various	Various solicitation methods
LA	Exempt from registration			Various	Various solicitation methods
MD	Secretary of State	2013	25230	Various	Various solicitation methods
ME	Dept Prof & Financial Regulation	2013	ECO10527	Various	Various solicitation methods
MI	Dept of Attoney General	2013	MICS 50266	Various	Various solicitation methods
MN	Exempt from registration			Various	Various solicitation methods
МО	Exempt from registration			Various	Various solicitation methods
MS	Exempt from registration			Various	Various solicitation methods
MT	Registration not required			Various	Various solicitation methods
NB	Registration not required			Various	Various solicitation methods
NC	Exempt from registration			Various	Various solicitation methods
ND	Exempt from registration			Various	Various solicitation methods
NH	Dept of Justice	2013	11873	Various	Various solicitation methods
NJ	Exempt from registration			Various	Various solicitation methods
NM	Exempt from registration			Various	Various solicitation methods
NV	Registration not required			Various	Various solicitation methods
NY	Dept of Law, Charities Bureau	2013	43-98-89	Various	Various solicitation methods
OH	Exempt from registration			Various	Various solicitation methods
OK	Exempt from registration			Various	Various solicitation methods
OR	Dept of Justice	2013	46260	Various	Various solicitation methods
PA	Exempt from registration			Various	Various solicitation methods
RI	Exempt from registration			Various	Various solicitation methods
sc	Secretary of State	2013	P25701	Various	Various solicitation methods
SD	Registration not required			Various	Various solicitation methods
TN	Exempt from registration			Various	Various solicitation methods
TX	Registration not required			Various	Various solicitation methods
UT	Exempt from registration			Various	Various solicitation methods
VA	Exempt from registration			Various	Various solicitation methods
VT	Registration not required			Various	Various solicitation methods
WA	Secretary of State	2013	34830	Various	Various solicitation methods
WI	Exempt from registration			Various	Various solicitation methods
WV	Exempt from registration			Various	Various solicitation methods
WY	Registration not required			Various	Various solicitation methods

Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

List any nam page 1.	nes which will be used by the organization in connection	with the solid	citation of funds, other the	an the official name v	which appears o	PΠ
, .						
Types of soli	icitation activities in which you expect to engage (check	all that apply	·):			
Mass Mailin	na		Via the Internet			X
Door-to-doo			Raffle, beano, bingo or g	gaming event		X
Entertainme	ent event	X	Sale of goods other than			X
Telemarketi	ing without sale of goods or ads	X	Individual Mailings			X
Telemarketi	ing with sale of goods		Corporate solicitations			X
Telemarketi	ing with sale of ads		Grant Proposals			X
Ot	ther (specify):					
Professiona	method or methods you expect to use for the fundraising al solicitor* al fundraising counsel*		Own employees Volunteers			X
Commercia	al co-venturer*					
Profes	plicable names and addresses: ssional Solicitor Name:					
City	ss			ZIP Code		
	ssional Fundraising Counsel Name: BENEFACTOR	GROUP	, INC.			
Addres	ss 450 S. FRONT ST.					
City 9	COLUMBUS	s	tate OH	ZIP Code	01776	
Comm	nercial Co-Venturer Name:					
Addres	ss					
City		s	tate	ZIP Code		

27950.01

Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DR. MICHAEL J. HOYLE Name and Title: VP OF ADMIN. & FINANCE		
Address 1844 COMMONWEALTH AVE.		
City NEWTON	State MA	ZIP Code 02466
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distrib	ution of contributions:	
Name and Title: PRESIDENT Address 1844 COMMONWEALTH AVE.		
City NEWTON		
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code

Form PC - Schedule A-1 778009 04-01-17

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Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in conr page 1.	nection with the solid	citation of funds, other th	an the official name which appe	ars on
Types of solicitation activities in which you expect to engage	(check all that apply	/):		
Mass Mailing		Via the Internet		X
Door-to-door		Raffle, beano, bingo or	gaming event	X
Entertainment event	X		n by telephone	X
Telemarketing without sale of goods or ads	X	Individual Mailings		X
Telemarketing with sale of goods				X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
Identify the method or methods you expect to use for the fundamental solicitor.	draising (check all to	hat apply): Own employees		X
Professional fundraising counsel*	X	Volunteers		X
Commercial co-venturer*				
* Provide applicable names and addresses: Professional Solicitor Name: Address				
City			ZIP Code	
Professional Fundraising Counsel Name: BENEFAC	CTOR GROUP	, INC.		
Address 450 S. FRONT ST.				
City COLUMBUS	8	State OH	ZIP Code 43215	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

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Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

	DR. MICHAEL J. HOYLE Name and Title: VP FOR ADMIN. & FINANCE Address 1866 COMMONWEALTH AVE.			
,	City NEWTON			
	Name and Title:			
	Address			
	City			
	Name and Title:			
	Address			
	City	State	ZIP Code	
ldenti	fy the individuals who will have final responsibility for the charity's distribu MICHAEL B. ALEXANDER	ation of contributions:		
	Name and Title: PRESIDENT			
	Address 1866 COMMONWEALTH AVE.			
	City NEWTON	State MA	ZIP Code 02466	
	Name and Title:			
	Name and Title: Address			
	City			
	Name and Title:			
	Address			
	City	State	ZIP Code	

Form PC - Schedule A-2 778011 04-01-17

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Certification by Organization

Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.			
Signature:	Date:		
Printed Name: MICHAEL J. HOYLE, PH. D.			
Title: VP FOR ADMIN. & FINANCE			
Signature:	Date:		
Printed Name: MICHAEL ALEXANDER			

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Two different signatures required.

Title: PRESIDENT

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: LASELL VILL	AGE, INC.	Primary purpose or activity:	RESIDENTIAL CAR	E
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/18	87,237.		-31,109,288.	-31,022,051
Name: LASELL, INC		Primary purpose or activity:	ADMINISTRATIVE	SUPPORT
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/18	0.		0.	
Name:		Primary purpose or activity:		3,00
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

27950.01

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: MICHAEL B. ALEXAND	ER	Title: PRESIDENT						
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:					
LASELL COLLEGE	391,353.	98,289.						
Name: DR. MICHAEL J. HOY	LE	Title: VP FOR ADMIN. & FINA	NCE					
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:					
LASELL COLLEGE	213,147.	27,161.						
Name: DR. KATHLEEN M. O'	CONNOR	Title: VP ENROLLMENT MGMT						
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:					
LASELL COLLEGE	210,603.	27,817.						
Name: DEAN J. HICKEY		Title: VP DEVELOPMENT/ALUMNI RELATIONS						
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:					
LASELL COLLEGE	228,500.	47,096.						
	-							
Name: ANNE E. DOYLE		Title: VP, LASELL COLLEGE; P	RES., VILLAGE					
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:					
LASELL COLLEGE	232,055.	17,635.						
Is asset and/or compensation information foundations excluded pursuant to instru		nd/or certain non-charitable entities related to	Yes X No					
realitations exoluted pursuant to motif	AOLIOHO:							

Form PC - Schedule RO 778014 04-01-17

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Rev. 11/2016

2017.05040 LASELL COLLEGE

Form **990**

732001 11-28-17

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017
Open to Public Inspection

AF	or the	e 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017	/ and e	ending J	UN 30, 20	18								
В	Check if applicable	C Name of organization			D Employer ide		ation number							
	Addre	LASELL COLLEGE					and the same has been							
	Name	Doing business as			04	-21	.03585							
F	Initial return Final return	1944 COMMONTARATION ASSENTE	ss) F	Room/suite	E Telephone number 617-243-2000									
	termin ated		G Gross receipts \$ 106,612,531.											
	Amen	ded NEWHON MA 02466 2700												
	Applic		EXANDE	R	H(a) Is this a gro									
_	pendir	SAME AS C ABOVE	for subordinates?Yes X No H(b) Are all subordinates included?YesNo											
17	[av.ev	empt status: X 501(c)(3)	4947(a)(1) or	527	1		ist. (see instructions)							
		te: > WWW.LASELL.EDU	וט נו אנט או ארטרין	1.30	H(c) Group exem									
			ner 🕨	I Vear			State of legal domicile: MA							
-	art I	Summary	101	L 16al	or formation. 200	<u>∓ 141</u>	State of legal dofficile. 1211							
10.000	1	Briefly describe the organization's mission or most significant activities	. WE TM	MERSE	STUDENTS	TN								
çe	١.	EXPERIENTIAL AND COLLABORATIVE LEAR												
Activities & Governance	2													
/er	3	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Sumber of voting members of the governing body (Part VI, line 1a) 3 20												
ő	4	Number of independent voting members of the governing body (Part V).				4	20							
∞8	5	Total number of individuals employed in calendar year 2017 (Part V, lin				5	1246							
ties	5					6	150							
ŧΫ	6	Total number of volunteers (estimate if necessary)				7a	0.							
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12				7b	38,747.							
	D	Net unrelated business taxable income from Form 990-T, line 34		······	the Market School	70								
		Contributions and synth (Dout VIII line 1h)		-	Prior Year 5, 222, 73	6	Current Year 3,386,724.							
ne		Contributions and grants (Part VIII, line 1h)			86,856,41		86,948,917.							
Revenue		Program service revenue (Part VIII, line 2g)			1,825,89		2,446,930.							
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-	225,46									
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		221,833.										
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)			94,130,51 30,811,82		93,004,404.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,262,065.										
						0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), li			33,213,10		33,068,630.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	142 (2		33,59	4.	22,081.							
X	_b		143,63		06 707 01	2	20 144 652							
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			26,727,81		28,144,653.							
	I .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			90,786,34		92,497,429.							
- 10	19	Revenue less expenses. Subtract line 18 from line 12			3,344,17		506,975.							
Net Assets or Fund Balances					ginning of Current Yo		End of Year							
Ssel	20	Total assets (Part X, line 16)	***************************************		52,401,91		149,980,732.							
et A	21	Total liabilities (Part X, line 26)			83,538,24		78,765,016.							
Z 1	rt II	Net assets or fund balances. Subtract line 21 from line 20			68,863,67	4.	71,215,716.							
		4 Total Control Contro		1 1 1			1. 1 11. 12. 7. 11.							
		Ities of perjury, I declare that I have examined this return, including accompanying	-			it my k	knowledge and belief, it is							
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which	n preparer i	nas any knowledge.									
٠.		Signature of officer			Date									
Sigr		1800	ADMIN	° 17.1										
Here	e	MICHAEL J. HOYLE, PH. D., VP FOR Type or print name and title	ADMIN.	& FI	NANCE									
_		T		In	ate Chec		7 PTIN							
D		Print/Type preparer's name Preparer's signature			if		-							
Paid	1	CRAIG KLEIN		0	3/08/19 self-e									
Prep		Firm's name CBIZ MHM, LLC			Firm's EIN		26-3753134							
Use	UNIY	Firm's address 500 BOYLSTON STREET				C1 11	761 0600							
		BOSTON, MA 02116			Phone no.	OT/	-761-0600							
May	the IF	S discuss this return with the preparer shown above? (see instructions	s)				X Yes No							

LASELL COLLEGE Form 990 (2017) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WE IMMERSE STUDENTS IN EXPERIENTIAL AND COLLABORATIVE LEARNING THAT FOSTERS LIFELONG INTELLECTUAL EXPLORATION AND SOCIAL RESPONSIBILITY. 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. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 79,426,058. including grants of \$____ 31,262,065.) (Revenue \$____) (Expenses \$ LASELL COLLEGE IS A COMPREHENSIVE COEDUCATIONAL COLLEGE WHICH OFFERS PROFESSIONALLY ORIENTED BACHELOR'S AND MASTER'S DEGREE PROGRAMS, INCLUDING MORE THAN 25 ACADEMIC MAJORS. OUR STUDENTS ARE GIVEN THE OPPORTUNITY TO PRACTICE AND PREPARE FOR THE REAL WORLD THROUGH A PROJECT-BASED AND PROBLEM-BASED APPROACH TO TEACHING, THROUGH EXPOSURE TO DIVERSE CULTURES AND PEOPLES, THROUGH THE DEVELOPMENT OF CRITICAL SKILLS SUCH AS WRITING AND SPEAKING IN FRONT OF GROUPS, AND THROUGH CONFRONTATION WITH ETHICAL AND MORAL OUESTIONS. LASELL COLLEGE IS KNOWN FOR HELPING STUDENTS MAKE THE CONNECTION BETWEEN CLASSROOM LESSONS AND REAL LIFE THROUGH HANDS-ON ACTIVITIES) (Expenses \$ 1,313,239. including grants of \$) (Revenue \$ PROVIDED MANAGEMENT AND EDUCATIONAL SERVICES AND LEASED LAND TO LASELL VILLAGE, INC., A TAX-EXEMPT AFFILIATE, FUNCTIONS THAT ARE INTEGRAL TO THE CONDUCT OF THE EXEMPT FUNCTIONS OF LASELL VILLAGE, INC. 1,618,398. including grants of \$) (Expenses \$) (Revenue \$ PROVIDED COLLABORATIVE POLICE AND INFORMATION TECHNOLOGY SERVICES WITH TWO OTHER LOCAL COLLEGES, FUNCTIONS THAT ARE INTEGRAL TO THE CONDUCT OF THE EXEMPT FUNCTIONS OF THOSE COLLEGES, WITH THE GOAL OF PROVIDING OUALITY SERVICES TO EACH COLLEGE CAMPUS IN A COST EFFECTIVE MANNER.

Other program services (Describe in Schedule O.)

514,987. including grants of \$

500,642.)

4e Total program service expenses

82,872,682.

Form 990 (2017)

Form 990 (2017) LASELL COLLE 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			5,000,000
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			104000
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, 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	200	100	DO.
	as applicable.	SEVE		IFR.
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X

Form 990 (2017) LASELL COLLEGE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		Х
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			PE
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	-	Form	990	2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3292	286	19/10	7.5tm
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			TRIS.		No.
		2a	1246			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	15?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			125		Mark.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 6			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		CONTROL OF THE PROPERTY OF THE			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)	?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			Bih	188	4-15
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts	(FBAR).	Jen		THE PERSON
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		and the second s	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			DE A	18418	STORY
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices pro	ovided to the payor?	7a		Х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requi	red			
	to file Form 8282?			7c		X
d		7d			193. T/	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict? .		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 889	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		THE		M. C.
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			HIL.		
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:				I TO THE	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1831		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		BW		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		100	No.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			900	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			They're	1400	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-		2 3	312	
		13b		34	500	
	Enter the amount of reserves on hand	13c			N. T.	
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b	000	
				Form	990	(2017)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X	L
Sec	tion A. Governing Body and Management							_
		T100				Yes	No	_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20	为办		SAT.	Ì
	If there are material differences in voting rights among members of the governing body, or if the governing				190	Miss.		į
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				193		113	Ě
b	Enter the number of voting members included in line 1a, above, who are independent	1b		20			19.6	ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					Ì
	officer, director, trustee, or key employee?		-	Ī	2		Х	Ī
3	Did the organization delegate control over management duties customarily performed by or under the							_
•	of officers, directors, or trustees, or key employees to a management company or other person?				3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	=
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х	-
-				1	6		X	-
6				····	-	_	- 21	_
7a					,		х	
L	more members of the governing body?			···· }	7a			_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						х	
	persons other than the governing body?				7b			100
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-		v		
	The governing body?				8a	X		-
b	Each committee with authority to act on behalf of the governing body?				8b	Х	_	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X	_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					_
						Yes	No	_
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b			_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form	1?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			L		WI ES		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe					
	in Schedule O how this was done			[12c	Х		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?			L	14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			No.	703	Ì
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						695	i
а	The organization's CEO, Executive Director, or top management official				15a	Х		
	Other officers or key employees of the organization			[15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1		PAR!	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				1 -	ij
	taxable entity during the year?			[16a	1	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				DA		A SW	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-		- 1			160	à
	exempt status with respect to such arrangements?				16b			7
Sec	tion C. Disclosure							_
17	List the states with which a copy of this Form 990 is required to be filed ▶MA, AK, MD, MI, N	H,N	Y,OR,SC,	KY				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T				ailable	-		_
(P)(A)	for public inspection. Indicate how you made these available. Check all that apply.			J,				
	X Own website X Another's website X Upon request Other (explain	in Scl	hedule Ol					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			and fi	nanci	al		
	statements available to the public during the tax year.		eet ponoy,					
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	d records:					
	MICHAEL J. HOYLE, PH. D., VP FOR ADMIN. & FINANCE -			000				-
	1844 COMMONWEALTH AVENUE, NEWTON, MA 02466-2709	V 1	. 213 20			_		-
_	TOTAL CONTROL TO A TOTAL CONTROL OF THE CONTROL AND							_

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

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

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

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

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

1.00	(A)	(B)			((C)			(D)	(E)	(F)
Nour per Nour per	Name and Title	Average	(do					one			
New Note New Note			Kod	, unle	ss per	rson i	s both	n an	2		N. Administration of the Control
Companization Companizatio			-	T a	uau	lecto	Tudo	1			
Companization Companizatio			direct				_		146 1550		The state of the state of the state of
1.00		12,000,000,000	se or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	00 (CL)(CL) 400000
1.00		organizations	trust	lal tru		oyee	ompe		,		
1.00		below	vidual	tution	Je.	E B	loyee	1	1		organizations
CHAIR			皇	Inst	ĕ.	Key	売品	휸			
1.00	151 - 51										
VICE CHAIR			X		X				0.	0.	0.
Case	(2) GERRY DEROCHE										
TREASURER	VICE CHAIR		X		X				0.	0.	0.
A	(3) PETER SCHULTE										
CLERK	TREASURER		X		X				0.	0.	0.
S RICHARD K BLANKSTEIN 1.00 X 0 0 0 0 0 0 0 0	(4) LORI HINDLE										
TRUSTEE/PAST CHAIR	CLERK		X		X				0.	0.	0.
TRUSTEE	(5) RICHARD K. BLANKSTEIN										
TRUSTEE	TRUSTEE/PAST CHAIR		X						0.	0.	0.
TRUSTEE	(6) RENA CLARK	1.00									
TRUSTEE	TRUSTEE		X						0.	0.	0.
Refic Costin 1.00	(7) MICHAEL CONNOR										
TRUSTEE	TRUSTEE	0.00	X						0.	0.	0.
1.00	(8) ERIC COSTIN	1.00									
TRUSTEE	TRUSTEE	0.00	X						0.	0.	0.
TRUSTEE	(9) JOHN DORAN	1.00			(r=)						
TRUSTEE	TRUSTEE	0.00	X						0.	0.	0.
Color Colo	(10) SUSAN RINKLIN DUNNE	1.00									
Color Colo	TRUSTEE	0.00	X						0.	0.	0.
1.00 1.00 1.00 1.00	(11) DEBORAH ESTABROOK	1.00									
1.00 1.00 1.00 1.00	TRUSTEE	0.00	X						0.	0.	0.
1.00 1.00 0.00 X 0.00 0	(12) PATRICIA FLATLEY	1.00									
1.00 1.00 0.00 X 0.00 0	TRUSTEE	0.00	X						0.	0.	0.
TRUSTEE	(13) IRWIN GRUVERMAN			i							
TRUSTEE	TRUSTEE	0.00	Х						0.	0.	0.
TRUSTEE 0.00 X 0. 0. 0. 0. (15) BRAD KATES 1.00	(14) DAVID HILL										
1.00	TRUSTEE		х						0.	0.	0.
TRUSTEE 0.00 X 0. 0. 0. (16) JOE MARAIA 1.00 TRUSTEE 0.00 X 0. 0. 0. 0. (17) KAREN MCCAFFERTY 1.00	(15) BRAD KATES										
(16) JOE MARAIA 1.00 TRUSTEE 0.00 X 0.00 0.00 (17) KAREN MCCAFFERTY 1.00 0.00	TRUSTEE		X						0.	0.	0.
TRUSTEE 0.00 X 0. 0. 0. (17) KAREN MCCAFFERTY 1.00	(16) JOE MARAIA										
(17) KAREN MCCAFFERTY 1.00	TRUSTEE		X						0.	0.	0.
	(17) KAREN MCCAFFERTY										
	TRUSTEE (THROUGH 6/18)		x						0.	0.	0.

732007 11-28-17

Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	tees. Kev Emi	olov	ees.	and	Hie	ahes	st Co	ompensated Employee	s (continued)	
(A)	(B)			(D)	(E)	(F)				
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) DAVID MCINNIS	1.00							_		_
TRUSTEE	0.00	Х						0.	0.	0.
(19) LAURIE PASCAL TRUSTEE	0.00	x						0.	0.	0.
(20) HEIDI RAFFONE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(21) DEBBIE SCHNEIDER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(22) WARNER SLACK	1.00								•	
TRUSTEE (THROUGH 6/18)	0.00	Х				_	_	0.	0.	0.
(23) MICHAEL B. ALEXANDER PRESIDENT	10.00			X				391,353.	0.	98,289.
(24) DR. MICHAEL J. HOYLE	40.00									
ASST TREASURER; VP ADMIN & FINANCE	10.00			X				213,147.	0.	27,161.
(25) PAMELA FARIA (THROUGH 12/17)	40.00									
ASST CLERK; VP SPECIAL ASST TO PRES.	10.00			X				132,380.	0.	22,188.
(26) HENRY PUGH	40.00									
ASSISTANT CLERK/ EXE. ASSISTANT	0.00			X				55,624.	0.	28,002.
1b Sub-total							792,504.	0.		
c Total from continuation sheets to Part VI						•	1,023,935.	0.		
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

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

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

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

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation				
COMMODORE BUILDERS CORP., 404 WYMAN	CONSTRUCTION					
STREET, SUITE 400, WALTHAM, MA 02451	SERVICES	12,079,929.				
SODEXO, INC., 9801 WASHINGTON BLVD.,						
GAITHERSBURG, MD 20878	FOOD SERVICES	2,854,419.				
COMPASS GROUP USA						
2400 YORKMONT RD, CHARLOTTE, NC 28217	FOOD SERVICES	1,723,071.				
GCA SERVICES GROUP, 1350 EUCLID AVE, SUITE	HOUSEKEEPING					
1500, CLEVELAND, OH 44115	SERVICES	1,141,185.				
METRO WEST CONTRACTING CORP.	CONSTRUCTION					
6 BEAUMONT'S POND DRIVE, FOXBORO, MA 02035	SERVICES	782,296.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than						
\$100,000 of compensation from the organization > 16						

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

Form 990 LASELL COLLEGE 04-2103585

Form 990 LASELL CO	LLEGE								04-210	3585
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B)			(C) sition			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours	(c)				app	lv)	compensation	compensation	amount of
	per week (list any hours for related organizations below	stee or director			Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indiv	lasti	Officer	Key	臺	Former			
(27) DEAN J. HICKEY VP DEVELOPMENT/ALUMNI RELATIONS	0.00					x		228,500.	0.	47,096.
(28) DR. KATHLEEN M. O'CONNOR	40.00									,
VP ENROLLMENT MGMT	0.00					x		210,603.	0.	27,817.
(29) DR. JAMES M. OSTROW	40.00							,		
VP ACADEMIC AFFAIRS	0.00					Х		194,654.	0.	41,770.
(30) DIANE M. AUSTIN	40.00									
VP STUDENT AFFAIRS	0.00					Х		158,123.	0.	21,631.
(31) ANNE E. DOYLE	10.00									
VP LASELL VILLAGE	40.00				_	X		232,055.	0.	17,635.
		_					_			
-										
							-			
	V						-			
Total to Part VII, Section A, line 1c								1,023,935.		155,949.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d 658,082, e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,728,642. similar amounts not included above 146,671, Q Noncash contributions included in lines 1a-1f: \$ 3,386,724, Total, Add lines 1a-1f **Business Code** 2 a TUITION & FEES 611310 61,114,640, 61,114,640. Program Service Revenue b ROOM & BOARD 611310 18,797,839. 18,797,839 MGMT FEE/RENT FROM TAX-EXEMPT AFF 561499 2,103,630 2,103,630 COLLABORATIONS WITH COLLEGES 611710 1,731,204, 1,731,204. CONNECTED LEARNING/ED. 611710 1,723,048, 1,723,048. 611710 1,478,556 982,021 496,535. f All other program service revenue 86,948,917 Total. Add lines 2a-2f Investment income (including dividends, interest, and 948,031 other similar amounts) 948,031. Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real 6 a Gross rents 118,999. 48.984. b Less: rental expenses 70,015. c Rental income or (loss) 70.015. 70.015. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 15,033,980, 15,200 assets other than inventory b Less: cost or other basis 13,538,353. 11,928. and sales expenses 3,272. 1,495,627. c Gain or (loss) 1,498,899 1,498,899 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 73,031. Part IV, line 18 a 2,180. b Less: direct expenses 70,851. 70,851 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities -10 a Gross sales of inventory, less returns and allowances 7,692. 6,682. b Less: cost of goods sold 1,010, 1,010. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 65,019. 65,019. b ALUMNI EVENTS 900099 14,938. 14,938. d All other revenue 79,957. e Total. Add lines 11a-11d 3,085,341. 93,004,404. 86,532,339. 0. Total revenue. See instructions.

	in FOA(a)(0) and FOA(a)(4) and a in time and a second				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			npiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	31,262,065.	31,262,065.		
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,	012 062		705 647	207 416
_	trustees, and key employees	913,063.		705,647.	207,416.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	26,314,574.	20,607,498.	4,578,209.	1,128,867.
7 8	Other salaries and wages Pension plan accruals and contributions (include	20,314,3/4.	20,001,490.	±,310,203.	1,120,007.
0	section 401(k) and 403(b) employer contributions)	1,126,878.	855,749.	217,575.	53,554.
9	Other employee benefits	2,679,394.		807,996.	109,998.
10	Payroll taxes	2,034,721.	1,472,585.	483,834.	78,302.
11	Fees for services (non-employees):			,	,
	Management				
	Legal	476,596.		476,596.	
	Accounting	125,000.		125,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	22,081.			22,081.
f	Investment management fees	159,503.		159,503.	
g	Other. (If line 11g amount exceeds 10% of line 25,	NO PRINCIPAL NO SECURE AND AND	70 MA 20 C SSO A LO	8.5 C.4 SS	
	column (A) amount, list line 11g expenses on Sch O.)	1,791,149.	1,181,630.	564,255.	45,264.
12	Advertising and promotion	718,753.	704,085.	14,668.	111
13	Office expenses	2,363,946.	1,643,029.	554,445.	166,472.
14	Information technology	1,431,328.	370,153.	1,028,916.	32,259.
15	Royalties	F C10 077	700 077	4 002 017	6 002
16	Occupancy	5,619,077.	708,977.	4,903,217.	6,883.
17	Travel	1,017,412.	885,597.	85,749.	46,066.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	68,362.	54,270.	12,073.	2,019.
19 20		2,670,615.	2,605,864.	64,751.	2,013.
21	Payments to affiliates	2,070,010	2,000,004.	0=,10=+	
22	Depreciation, depletion, and amortization	5,354,116.	4,779,663.	488,031.	86,422.
23	Insurance	208,518.	19,114.	189,404.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CAFETERIA FOOD SERVICE	3,680,058.	3,680,058.		
b	ANNUITY PAYMENTS	92,820.		92,820.	
C	ALLOCATION OF OPERATION	0.	8,233,585.	-8,283,172.	49,587.
d					
е	All other expenses	2,367,400.	2,047,360.	211,596.	108,444.
25	Total functional expenses. Add lines 1 through 24e	92,497,429.	82,872,682.	7,481,113.	2,143,634.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Par	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) End of year
	1	Cash - non-interest-bearing	30,644.	1	23,679.
	2	Savings and temporary cash investments	10,324,596.	2	2,960,060.
	3	Pledges and grants receivable, net	2,676,835.	3	2,916,740.
	4	Accounts receivable, net	2,475,333.	4	3,263,037.
	5	Loans and other receivables from current and former officers, directors,	STATE OF STATE	Egy	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		THE R	题 医5 产品 (1)
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	362.	7	80.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,062,279.	9	1,062,173
	10a	Land, buildings, and equipment: cost or other		Bill	TOTAL STREET OF STREET
		basis. Complete Part VI of Schedule D 10a 155, 254, 772.		A SA	
	b	Less: accumulated depreciation 10b 57,348,762.	92,400,966.	10c	97,906,010.
	11	Investments - publicly traded securities	40,094,537.	11	38,558,810.
	12	Investments - other securities. See Part IV, line 11	125,611.	12	128,411.
	13	Investments - program-related. See Part IV, line 11	606,860.	13	414,263
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,603,896.	15	2,747,469
	16	Total assets. Add lines 1 through 15 (must equal line 34)	152,401,919.	16	149,980,732
	17	Accounts payable and accrued expenses	10,169,714.	17	5,831,905.
	18	Grants payable		18	
	19	Deferred revenue	8,910,555.	19	11,138,480
	20	Tax-exempt bond liabilities	57,551,178.	20	56,223,289
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
≝∣		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	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	6 006 500		F FF1 240
		Schedule D	6,906,798.	25	5,571,342.
-	26	Total liabilities. Add lines 17 through 25	83,538,245.	26	78,765,016.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and	· 一种 · · · · · · · · · · · · · · · · · ·		
es		complete lines 27 through 29, and lines 33 and 34.	F2 F20 120	an ige	EA A1A E71
ᇣ	27	Unrestricted net assets	52,530,129.	27	54,414,571.
Ball	28	Temporarily restricted net assets	8,127,643. 8,205,902.	28	8,274,648.
2	29	Permanently restricted net assets	0,200,902.	29	8,526,497.
로		Organizations that do not follow SFAS 117 (ASC 958), check here		PPA.	
ō		and complete lines 30 through 34.		20	
Set	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	60 063 674	32	71 015 716
-	33	Total net assets or fund balances	68,863,674.	33	71,215,716.
	34	Total liabilities and net assets/fund balances	152,401,919.	34	149,980,732.

FOIL	1990 (2017) HASELL COLLEGE	0 =	2 I U J	505	Pa	ne 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92			29.
3	Revenue less expenses. Subtract line 2 from line 1	3		50	6,9	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68			74.
5	Net unrealized gains (losses) on investments	5		42	2,4	88.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,42	2,5	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	71	, 21	5,7	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			BY.	ST.
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		200		
	separate basis, consolidated basis, or both:			10 250		30
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ı			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			3/5		(30)
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					120 E
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			4		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	dit		Ed	West.
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		- 1	3h	X	1

Form 990 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

			TT COPTEGE					J4-	-2103585
Pa	rt l	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ								
1		ization 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).							
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	H						en.		
3	H	A hospital or a cooperative						. عاد م	haanital'a nama
4		A medical research organiz	ation operated in co	njunction with a nospital	described	in sectio	n 170(b)(1)(A)(III). Ente	trie	e nospitai s name,
_		city, and state:					The second secon		
5		An organization operated for		llege or university owned	l or operat	ed by a go	vernmental unit describ	ed i	n
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	ntial part of its support fi	om a gove	emmental	unit or from the general	pub	olic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	t col	lege
		or university or a non-land-							
		university:							
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sun	oort from o	contributio	ns membershin fees ar	nd c	ross receipts from
		activities related to its exen							
		income and unrelated busin		(less section of reax) inc	iii busiile:	sses acqui	red by the organization	alle	1 June 30, 1973.
		See section 509(a)(2). (Co					201-1/43		
11	H	An organization organized			-		8 8 8 18 18 18 18 18 18 18 18 18 18 18 1		
12	ш	An organization organized							
		more publicly supported or						Che	ck the box in
	_	lines 12a through 12d that							
а	L.	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	givi	ing
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upp	orting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by ha	ving	I.
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	por	ted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed v	vith,
		its supported organization					The state of the s		, 5
ď		Type III non-functionally						izati	on(s)
_		that is not functionally int							
		requirement (see instruct	7	.=	-			VOII	033
		Check this box if the orga							
е		A 100 May 100					Type i, Type ii, Type iii		
,		functionally integrated, or	• •	ially integrated supporting	ig organiz	ation.		Γ	
T		r the number of supported of						L	
g		ide the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	_	(vi) Amount of other
	Į,	organization	(II) LIIV	(described on lines 1-10	in your govern	ng document?	support (see instructions)	1	pport (see instructions)
		organization		above (see instructions))	Yes	No	support (see metractione)	100	pport (ded inditidations)
								\perp	
								-	

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

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

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and	(f) Total
1 Gifts, grants, contributions, and	
mambarship face received (Do not	
membership fees received. (Do not	
include any "unusual grants.") 2369824. 1892288. 5337977. 5222736. 3386724.	18209549.
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 2369824. 1892288. 5337977. 5222736. 3386724.	8209549.
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)	2737795.
· · · · · · · · · · · · · · · · · · ·	5471754.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
7 Amounts from line 4 2369824. 1892288. 5337977. 5222736. 3386724.	8209549.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties, and income from similar sources 789,151. 1083068. 1024952. 983,350. 1067030.	4947551.
	4741331.
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	2400004
assets (Explain in Part VI.) 446,609. 455,668. 561,835. 447,514. 577,258.	
140	25645984.
, , , , , , , , , , , , , , , , , , , ,	107,099.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	60.33 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	54.81 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	and
stop here. The organization qualifies as a publicly supported organization	- [37]
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	2,001
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Form 990 c	or 990-F7) 2017

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	novi, piodos comp	proto i dit inj				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			7.22			
	membership fees received. (Do not					1	
	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					4	
	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-				1		
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to						
	the organization without charge				-		 -
	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				Ļ		
(Add lines 7a and 7b				ļ		
	Public support. (Subtract line 7c from line 6.)	301 30 (A 30 A)	THE SAME NO	White Hall Sons	AND MICE		
Se	ction B. Total Support				r	r	т
	ndar year (or fiscal year beginning in) 📂 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first second third	d fourth or fifth to	ay vear as a section	n 501(c)(3) organiza	ation
•		-	s mst, second, time				ation,
Sec	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2017 (lin			olumn (fl)		15	%
	Public support percentage from 2016			Old.1111 (1)/		16	%
	ction D. Computation of Invest					101	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage for 20					(mass)	%
	33 1/3% support tests - 2017. If the		10 (0.00)		15 is more than 1		-
138	more than 33 1/3%, check this box and						
1-							
i)	33 1/3% support tests - 2016. If the	7					
20	line 18 is not more than 33 1/3%, chec						
~V	Private foundation. If the organization	i uiu riot check a	DOX ON THE 14, 198	a, or row, check tr	no DUX and see ins		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
Barrell		
137.15	LILE.	
2		-000
3a		
800		1
200	2	12.2
3b		100
3с		
		115/2
4a	1000	
4b		
	THE W	DIE
		150
4c		
Jan By	NE S	
		NE
THE STATE		
5a		
(B): U	12 3	
5b 5c		_
(0.Co.3)		
		10 3
6	and the	
7	200	
7		
8		
	10.00	1
9a	Hart.	
	48	
9b	Day Sales	
9c		
30		173
10a		
10b		
	-	

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

Did the organization have the power to result the organization of the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

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.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	THE REAL	S. J. S.	TARIS THE SELECTION
	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		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	10 m		Part Supplement of the Control of th
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	BU TRANS ASSESSMENT	
2	Enter 85% of line 1	2	of Miles of the Williams	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE REPORTS	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	NO NEW YARRANGE TO AN	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	100		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall		Type III supporting orga	nization (see
55	instructions).	•		o ver somethickels (bulk or

Schedule A (Form 990 or 990-EZ) 2017

1	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	国际		
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014		MAL 整件 计序 到 原仁	
d	From 2015			BOTTON OF LESSON
е	From 2016	TO BE THE REAL PROPERTY.		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
_ i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,		100 以表现的	
	line 7: \$			
а	Applied to underdistributions of prior years	CHANGE CONTRACTOR		
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			E E MERCHANIA
	and 4c.	V	SERES FROM NO	
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
	Excess from 2016	Valley and a		
е	Excess from 2017	TO ALVANDADE STREET		

Schedule A (Form 990 or 990-EZ) 2017

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
FORM 990, SCHEDULE A, PART I, LINE 7:
THE BASIS OF THE COLLEGE'S PUBLIC CHARITY STATUS HAS BEEN AND CONTINUES
TO BE ITS QUALIFICATION AS A SCHOOL DESCRIBED IN SECTION
170(B)(1)(A)(II).
THE ORGANIZATION HAS CHECKED BOX 7 ON SCHEDULE A, PART I AND COMPLETED
SCHEDULE A, PART II IN ORDER TO DEMONSTRATE ITS QUALIFICATION TO FOLLOW
THE SPECIAL RULE FOR ABBREVIATED REPORTING OF CONTRIBUTIONS ON FORM
990, SCHEDULE B.
-

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization Employer identification number

LASELL COLLEGE 04-2103585

organization type (check one).								
Filers of	:	Section	on:					
Form 99	0 or 990-EZ	X	501(c)(3) (enter number) organization					
			4947(a)(1) nonexempt charitable trust not treated as a private foundation					
			527 political organization					
Form 99	0-PF		501(c)(3) exempt private foundation					
			4947(a)(1) nonexempt charitable trust treated as a private foundation					
			501(c)(3) taxable private foundation					
	E OF ARTER A STATE		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule							
			Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or intributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules							
	sections 509(a)(1) a any one contributor	nd 170 r, during	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under D(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it mu	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), at it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to entify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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.

Inspection

Name of the organization

Employer identification number

-	LASELL COLLEGE		04-2103585
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	· · · · · · · · · · · · · · · · · · ·		
Pa			
1	Purpose(s) of conservation easements held by the organization		are rejuino ??
	Preservation of land for public use (e.g., recreation or ea		orically important land area
	X Protection of natural habitat	·	tified historic structure
	Preservation of open space	Fleservation of a cen	aned historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ad consequation contribution in the form	of a concentation assemble to the last
_	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
а	-		
_	= 1.1		2 20
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	veture included in (a)	
ن			
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		.
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand \blacktriangleright \$	ling of violations, and enforcing conservat	lion easements during the year
			-\/4\\D\/\\\
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		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes t	he organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	hor Similar Accate
ı aı	Complete if the organization answered "Yes" on Form	- 125 (Fig. 1)	nei Siiniai Assets.
4			
Ia	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		199
	(i) Revenue included on Form 990, Part VIII, line 1		162
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LLLA	For Denominals Deduction Act Notice and the Instructions		0.1.1.1.0/5 00010047

Sche	edule D (Form 990) 2017 LASELL (COLLEGE					04-21	0358	5 P	age 2	
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, o	r Other	Similar	Asset	S (contin	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t are a sig	nificant u	se of its o	collection	items	i	
	(check all that apply):										
а	Public exhibition	d	Loan or exc	hange progra	ams						
b	Scholarly research	е	Other								
C	Preservation for future generations		-								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exem	npt purpos	se in Part	XIII.			
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma						[Yes		No	
Pa	rt IV Escrow and Custodial Arrang				"Yes" on	Form 990	, Part IV.	line 9, or			
	reported an amount on Form 990, Par		•								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not in	ncluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII a				***************************************						
			g					Amoun	t		
С	Beginning balance					1c		7 11710411	THE STATE OF THE S		
	Additions during the year										
							-				
	Distributions during the year					1f					
1	Ending balance	um 000 Dort V line	01 for against or or			-		Yes		No	
						ιy?		_ res] 140	
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete if					0			_		
1 41	Endownione Lands: Complete I						aara baale	/-> Form		hools	
4	Pariania aforma balanca	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y		(e) Four			
	Beginning of year balance	33,920,054.	36,358,968.				20,734. 51,919.				
	Contributions	536,750.	410,416.		2,135.						
	Net investment earnings, gains, and losses	2,835,708.	5,082,471.		3,745.	1,311,083.					
	Grants or scholarships	180,720.	140,361.	13.	3,323.	124,231.		231.		590.	
е	Other expenditures for facilities					Laborator administration					
	and programs	1,583,093.	7,620,668.		7,128.		94,135.			540.	
f	Administrative expenses	-190,729.	170,772.				60,030.		204,990		
g	End of year balance	35,719,428.	33,920,054.	36,35	8,968.	37,80	05,340.	37	,620,	734.	
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	61.16	_%								
b	Permanent endowment > 23.85	%									
C	Temporarily restricted endowment 14	<u>1.99</u> %									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administer	ed for the	e organiza	tion				
	by:								Yes	No	
	(i) unrelated organizations							3a(i)	Х		
	(ii) related organizations	•••••						3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?								
4	Describe in Part XIII the intended uses of the							0.0			
	t VI Land, Buildings, and Equipme	ent.	vinont idiao.								
	Complete if the organization answered		Part IV line 11a S	see Form 990	Part X I	ine 10					
	Description of property	(a) Cost or of		or other		cumulate	4	(d) Bool	k valu		
	Description of property	basis (investm	, , , , , , ,	(other)		reciation	١	(u) 600i	k valui	5	
1	Land			5,118.	dep	. JOILLIOIT	WO SEC.	1,23	5 1	1.8	
	Land		130,31		11 2	30 00	11 0				
	Buildings		130,31	#, L13.	44,2	30,80) T • 9	6,083	. د , د	14.	
	Leasehold improvements		10.00	0 204	0 6	CE FO	7	2 201) 171	77	
	Equipment	. A CEO (9,304.		65,52		2,32			
	Other	4,678,0		8,223.	4,4	52,43		8,263			
otal	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part >	C. column (B), line 1:	Oc.)			▶ 9	7,906	5,03	10.	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 LASELL COLL:	EGE		04-	-2103585	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				_£	-les-
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or ena-	or-year market va	ilue
(1) Financial derivatives		4			_
(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.)			AS MIRE INC.		
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-	of-year market va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		-			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		PESTS BES DE 1 - 91 D	SALK SEED IN	STORY THE	
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Son Form 000 Port	V line 15		
	Description	TTU. See TOITH 990, Fait	A, III e 15.	(b) Book val	ue
	Безеприон			(b) book var	ue
(2)			-		
(3)					
(4)					
(5)			-		
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		<u> </u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990), Part X, line 25.		
1. (a) Description of liability		(b) Book value	THE RESERVE OF THE	AND STATE OF	45
(1) Federal income taxes		-			
(2) FMV INTEREST RATE SWAPS		4,513,534.			
(3) REFUNDABLE ADVANCES - PERF	KINS LOAN				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FMV INTEREST RATE SWAPS	4,513,534.
(3)	REFUNDABLE ADVANCES - PERKINS LOAN	
(4)	PROGRAM	321,014.
(5)	CONDITIONAL ASSET RETIREMENT	
(6)	OBLIGATION	44,500.
(7)	ANNUITY OBLIGATIONS	392,900.
(8)	CAPITAL LEASE LIABILITY	99,394.
(9)	457 PLAN LIABILITY	200,000.
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,571,342.

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

X

PERMANENT ENDOWMENT - AMOUNTS RESTRICTED BY DONORS AGAINST ANY EXPENDITURE

OF PRINCIPAL. SUBSTANTIALLY ALL THE INCOME EARNED ON PRINCIPAL MAY BE USED

FOR GENERAL OR DONOR-RESTRICTED PURPOSES AND IS RECORDED IN UNRESTRICTED

NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS, AS APPROPRIATE.

PART X, LINE 2:

THE COLLEGE ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE COLLEGE HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DETERMINATION AS TO ITS INCOME BEING RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS; HOWEVER, THE COLLEGE HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING THE COLLEGE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING RECOGNITION. JURISDICTION. THE COLLEGE'S FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THE HE DELICE OF THE PROPERTY	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	969,703.
RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B	48,984.
CHANGE IN ACTUARIAL VALUE OF ANNUITY LIABILITIES	304,300.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	148,576.
COST OF SALES INCLUDED ON PART VIII, LINE 7B	11,928.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,483,491.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 30,785,381.

Schedule D (Form 990) 2017 LASELL COLLEGE Part XIII Supplemental Information (continued)	04-2103585 Page 5
AUXILIARY ENTERPRISE DISCOUNTS	17,446.
OTHER EXPENSE	53,673.
ANNUITY PAYMENTS	92,820.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	30,949,320.
	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B	48,984.
COST OF SALES INCLUDED ON PART VIII, LINE 7B	11,928.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	60,912.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ETMANCIAL ATD	30,785,381.
AUXILIARY ENTERPRISE DISCOUNTS	
ANNUITY PAYMENTS	
OTHER EXPENSE	53,673.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	30,949,320.
	78

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017

Open to Public Inspection

Name of the organization

LASELL COLLEGE

Employer identification number 04-2103585

P	LASELL COLLEGE 04-2	2 T O 2	202	
	art I			
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		1	
	other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	172		ti
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	39	(IRD	30
•	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	-3 -		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	-	X
	SEE PART II	3	Ville	
			A EV	
1	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b		4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	x	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
-	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	1.058	William.	1
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
		5b		X
	Admissions policies?	5c		X
	Employment of faculty or administrative staff?			X
C	Scholarships or other financial assistance?	5d		X
		5e		X
е	Educational policies?	re		X
е	Use of facilities?	5f	\vdash	Δ
f g	Use of facilities? Athletic programs?	5g		V
f g	Use of facilities? Athletic programs? Other extracurricular activities?			X
f	Use of facilities? Athletic programs?	5g		2
f	Use of facilities? Athletic programs? Other extracurricular activities?	5g		X
e f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5g	X	X
e f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5g 5h	X	X
e f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5g 5h	X	
e f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2017

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

► Go to www.irs.gay/Form990 for the latest instructions.

Name of the organization

Employer identification number

LASELL	COLLEGE				04-2103	585
Part I Fundraising Activities. required to complete this par	Complete if the organization answert.	ered "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p	ation of ation of I fundra (includ	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SENEFACTOR GROUP - 450 S. PRONT ST., COLUMBUS, OH	FUNDRAISING COUNSEL	Yes	No X	0.	22,081.	0.
otal	n is registered or licensed to solicit o		utions	or has been notified	22,081.	gistration
or licensing. IA, AK, CO, DC, KY, MD, ME, I				o. Has soon nouned		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 LASELL COLLEGE	04-2103585 Page 3				
11 Does the organization conduct gaming activities with nonmembers?					
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for					
to administer charitable gaming?	Yes No				
13 Indicate the percentage of gaming activity conducted in:					
a The organization's facility	13a %				
b An outside facility					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
The the hame and address of the person who prepares the organization significance of the books and	Todards.				
Name >					
Address >					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and to	he amount				
of gaming revenue retained by the third party > \$					
c If "Yes," enter name and address of the third party:					
Name >					
Address >					
16 Gaming manager information:					
Name					
Gaming manager compensation > \$					
Description of services provided					
Director/officer Employee Independent contractor					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
retain the state gaming license?					
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the				
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)					
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lines 9, 9b, 10b, 15b,				
COURDING C DADE I THE OD I TOWN OF MEN STRUCKED DATE FINE					
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	DRAISERS:				
(I) NAME OF FUNDRAISER: BENEFACTOR GROUP					
(I) ADDRESS OF FUNDRAISER: 450 S. FRONT ST., COLUMBUS, OH	43215				

Schedule G (Form 990 or 990-EZ) LASELL COLLEGE	04-2103585 Page 4
Schedule G (Form 990 or 990-EZ) LASELL COLLEGE Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

LASELL COL	LEGE						04-2103	585
Part I General Information on Grants and	d Assistance							
Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on	
criteria used to award the grants or assista								No
2 Describe in Part IV the organization's proc	edures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to D	omestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$5								
1 (a) Name and address of organization or government	and address of organization (b) EIN (c) IRC section (d) Amount of		(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	t	
				L				
2 Enter total number of section 501(c)(3) an			ie line 1 table					
3 Enter total number of other organizations) (00 dE)
LHA For Paperwork Reduction Act Notice.	see the Instructi	ons for Form 990.					Schedule I (Form 990	(2017)

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SEOG GRANTS 62 0. 122 438 FMV CREDIT TO STUDENT ACCOUNTS MASSACHUSETTS GILBERT GRANTS 241 0 -336,800, FMV CREDIT TO STUDENT ACCOUNTS LASELL SCHOLARSHIPS AND OTHER FINANCIAL AID AWARDS 1674 30 666 556 FMV CREDIT TO STUDENT ACCOUNTS SCHOLARSHIPS FROM RESTRICTED GIFTS 19 0 53,750, FMV CREDIT TO STUDENT ACCOUNTS LASELL SIBLING DISCOUNTS 35 65 221 FMV CREDIT TO STUDENT ACCOUNTS Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: INSTITUTIONAL FINANCIAL ASSISTANCE IS AWARDED BASED ON BOTH A FINANCIAL NEED AND MERIT BASIS. FINANCIAL NEED IS DETERMINED BY THE SUBMISSION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID AND SUPPORTING DOCUMENTS AND THE USE OF THE FEDERAL METHODOLOGY NEED ANALYSIS FORMULA AND THE INSTITUTIONAL METHODOLOGY NEED ANALYSIS FORMULA. MERIT AID IS AWARDED TO STUDENTS WHO MEET CERTAIN ACADEMIC CRITERIA WHO MAY OR MAY NOT ALSO HAVE FINANCIAL NEED FOR ASSISTANCE. CAMPUS BASED FINANCIAL ASSISTANCE FROM FEDERAL AND STATE SOURCES IS AWARDED BASED ON FINANCIAL NEED AND OTHER

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
LASELL OTHER TUITION DISCOUNTS	1.	0.	17,300.	FMV	CREDIT TO STUDENT ACCOUNTS				
			,						

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

LASELL COLLEGE

Employer identification number 04-2103585

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	E-JEVA	San	hiero:
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use	3	FE	
	Travel for companions Payments for business use of personal residence	Sami		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			15/15/0
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81/3		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-25	TEST.	The same
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1980	(En
~	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	trustees, and onicers, including the OLO/Executive Director, regarding the items checked of fine has	1000	1	115 F. T
3	Indicate which if any of the following the filing organization used to establish the compensation of the organization's			233
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	300		308
	TAXABAN AND THE CONTRACT OF TH		TENDO.	
	X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study			
			(BE	
	X Form 990 of other organizations X Approval by the board or compensation committee	7000		
	Defeation of the control of the cont	1386	9188	180
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ST		
	organization or a related organization:	-	2115	Х
a	Receive a severance payment or change-of-control payment?	4a	37	_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	37
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	- 5	THE R	
	• • • • • • • • • • • • • • • • • • • •			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1933		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	20		37
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Water To
	contingent on the net earnings of:	- ETA	3000	100
а	The organization?	6a	_	X
b	Any related organization?	6b	and the first of	Х
	If "Yes" on line 6a or 6b, describe in Part III.	THE STATE		RE
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	TEN.	REAL PROPERTY.	LEA
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	THE .		140
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MICHAEL B. ALEXANDER	(i)	380,329.	0.	11,024.	71,877.	26,412.	489,642.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DR. MICHAEL J. HOYLE	(i)	212,871.	0.	276.	16,158.	11,003.	240,308.	0.	
ASST TREASURER; VP ADMIN & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PAMELA FARIA (THROUGH 12/17)	(i)	130,856.	0.	1,524.	10,144.	12,044.	154,568.	0.	
ASST CLERK; VP SPECIAL ASST TO PRES.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DEAN J. HICKEY	(i)	228,224.	0.	276.	17,993.	29,103.	275,596.	0.	
VP DEVELOPMENT/ALUMNI RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DR. KATHLEEN M. O'CONNOR	(i)	209,811.	0.	792.	16,012.	11,805.	238,420.	0.	
VP ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DR. JAMES M. OSTROW	(i)	193,862.	0.	792.	15,313.	26,457.	236,424.	0.	
VP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DIANE M. AUSTIN	(i)	156,599.	0.	1,524.	11,982.	9,649.	179,754.	0.	
VP STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) ANNE E. DOYLE	(i)	211,538.	20,000.	517.	15,885.	1,750.	249,690.	0.	
VP LASELL VILLAGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2017 LASELL COLLEGE	04-2103585	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the	his part for any additional information.	
PART I, LINE 1A:		
THE COLLEGE PROVIDED NON-TAXABLE HOUSING TO THE ASSISTANT CLERK/VP SPECIAL		
ASSISTANT TO THE PRESIDENT AS PART OF HER COMPENSATION.		
PART I, LINE 4B:		
DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2017 THE COLLEGE OFFERED		
RETIREMENT PLANS PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE		
FOR CERTAIN EMPLOYEES, AS FOLLOWS: MICHAEL ALEXANDER, \$40,000		
PART I, LINE 7:		
AS DETAILED ON SCHEDULE J, PART II, BONUSES WERE AWARDED TO CERTAIN		
EMPLOYEES DURING THE YEAR. BONUSES WERE AWARDED AT THE DISCRETION OF THE		
PRESIDENT OF THE COLLEGE.		

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2017
Open to Public Inspection

Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 Part I **Bond Issues** SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS (a) Issuer name (c) CUSIP # (d) Date issued (b) Issuer EIN (a) Defeased (h) On behalf (i) Pooled (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No MASSACHUSETTS CONSTRUCTION OF A DEVELOPMENT FINANCE AGEN 04-3431814 57583RZC2 08/07/08 14665000. RESIDENCE HALL & X X X MASSACHUSETTS ADVANCE REFUND OF B DEVELOPMENT FINANCE AGEN 04-3431814 57583 RGS8 09/28/06 6,400,000 PRIOR ISSUE X X X MASSACHUSETTS CONSTRUCTION OF c DEVELOPMENT FINANCE AGEN 04-3431814 57583 RGS 8 09/28/06 12070000. RESIDENCE HALL & X X X MASSACHUSETTS REFUND PRIOR D DEVELOPMENT FINANCE AGEN 04-3431814 57583UCZ9 05/25/11 24589453. ISSUE AND NEW CON X X X Part II Proceeds D 3,700,000. 4.785,000 1,505,000. 795.000 Amount of bonds retired Amount of bonds legally defeased 14,732,917. 6,400,000. 12,292,016. 24,589,866. Total proceeds of issue 1,959,213. Gross proceeds in reserve funds 661,623. 330,000. 807,400. Capitalized interest from proceeds Proceeds in refunding escrows 248,753. 123,645. 281,019. 382,372. Issuance costs from proceeds 69,657. 17,921. 33,798. Credit enhancement from proceeds Working capital expenditures from proceeds 8,592,712. 11,023,653. 13,752,884. 53,884. Capital expenditures from proceeds 6,204,550. 3,054,487. 10,417,228. Other spent proceeds Other unspent proceeds 2009 2007 2007 2012 Year of substantial completion No No Yes Yes No Yes No Yes X X X X 14 Were the bonds issued as part of a current refunding issue? X X Were the bonds issued as part of an advance refunding issue? X X X X X X Has the final allocation of proceeds been made? X X X X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use C D 1 Was the organization a partner in a partnership, or a member of an LLC, No No Yes No Yes Yes Yes No X X X X which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of

bond-financed property?

X

X

X

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047 2017 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 SEE PART VI FOR COLUMNS (A) AND Part I **Bond Issues** (F) CONTINUATIONS (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled of issuer financing Yes No Yes No Yes No MASSACHUSETTS CONSTRUCTION OF A DEVELOPMENT FINANCE AGEN 04-3431814 X NONE 10/08/15 10000000. ACADEMIC BUILDING X X В Part II Proceeds B C D 113,770. Amount of bonds retired Amount of bonds legally defeased 10,081,935. Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds 10,081,935. Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds 2017 Year of substantial completion Yes No Yes No Yes No Yes No X 14 Were the bonds issued as part of a current refunding issue? X Were the bonds issued as part of an advance refunding issue? X Has the final allocation of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use B 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes No X which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of

bond-financed property?

X

Page 2

Schedule K (Form 990) 2017 HASEDD CODDEGE			04-	7T02202				Page
Part III Private Business Use (Continued)								
		A		В		С		D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		Х		Х		Х		Х
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		Х		x		Х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								-
counsel to review any research agreements relating to the financed property?								
Enter the percentage of financed property used in a private business use by		1						
	l .	.00 %		.00 %		.00 %		.00
entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		• 0 0 %		• 00
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another	1	0.0		0.0		00		0.0
section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		.00
7 Does the bond issue meet the private security or payment test?	-	X		X		X		Х
8a Has there been a sale or disposition of any of the bond-financed property to a non-				200-2				
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under						1 1		
Regulations sections 1.141-12 and 1.145-2?	x		x		Х		X	
Part IV Arbitrage		-	1					
		Δ		В		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	163	X	100	X	103	X	103	X
2 If "No" to line 1, did the following apply?								
	1	Х		Х		Х		Х
		X		X		X		X
b Exception to rebate?	Х	A	X	A	х	A	Х	A
c No rebate due?	_ A						Λ	1
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	1							
performed	77	1	77	1	70"			Х
3 Is the bond issue a variable rate issue?	X	-	X	1	Х	-		A
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	X		X		X			X
b Name of provider	RBS CITIZ		RBS CITIZ		RBS CITIZ			
c Term of hedge	29.	000000	20.	0000000	30.	0000000		
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

LASELL COLLEGE

Page 2

Scriedule K (Form 990) 2017 LASELLI COLLEGE			04-	ZT03303				Page
Part III Private Business Use (Continued)								
		A		В		С	ľ)
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside			-					
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by		•		•				
entities other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		9
5 Enter the percentage of financed property used in a private business use as a result of		,,,		70		,,		
unrelated trade or business activity carried on by your organization, another						1		
section 501(c)(3) organization, or a state or local government		.00 %		%		%		9
6 Total of lines 4 and 5		.00 %		%		%		9
7 Does the bond issue meet the private security or payment test?		X		76		70		
8a Has there been a sale or disposition of any of the bond-financed property to a non-		- 22						
20.007		x				1 1		
governmental person other than a 501(c)(3) organization since the bonds were issued?		A						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		0/		0.4		24		n
of		%		%		%		7
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections						1 1		
1.141-12 and 1.145-2?		-						
9 Has the organization established written procedures to ensure that all nonqualified		1				l' 1		
bonds of the issue are remediated in accordance with the requirements under		1						
Regulations sections 1.141-12 and 1.145-2?	Х							
Part IV Arbitrage			T					
		Ą		В		Ç)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		1				
2 If "No" to line 1, did the following apply?		· · · · ·				r		
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?				1				
32122 10-18-17			-11			Soh	edule K (For	m 990/ 20

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Schedule K (Form 990) 2017 LASELL COLLEGE			04-2	T03282				Pag
Part IV Arbitrage (Continued)								_
		1	E		C		T.	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	-	Х		X		Х		X
b Name of provider							l ₁ .	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		37		х		х		X
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		X		X
7 Has the organization established written procedures to monitor the requirements of	x		77		x		x	
section 148?			X					
Part V Procedures To Undertake Corrective Action					ı .			
			E					
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable	77		77		***			
regulations?	X		X		X		Х	
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instr	uctions					
SCHEDULE K, PART I, BOND ISSUES:	~ . ~	777						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	JE AGENO	.: Y						
(F) DESCRIPTION OF PURPOSE:	70							
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	LS							
/ A \ TCCITED NAME, MACCACINICEDED DEVELOPMENT ETNAM	TE ACTENIO	777						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	CE AGEN	Y						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	TE ACENT	יער						
(F) DESCRIPTION OF PURPOSE:	CE AGEM	, I						
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	TI C							
CONSTRUCTION OF RESIDENCE HALL & EXISTING PRODEC	1.9							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINAN	TE ACENT	ייי						
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE A			CULON					
(1) DESCRIPTION OF PURPOSE: REPUND PRIOR ISSUE A	AD MEW	ONSINC	CIION					
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	TE ACENI	777						
A/ 1550EK NAME: MASSACHUSETTS DEVELOPMENT FINAN	CE AGEN	<u> </u>						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	TE ACENT	TV						
DATE THE REBATE COMPUTATION WAS PERFORMED: 0:								
DATE THE REDATE COMPUTATION WAS PERFORMED: U.	J / U I / Z U .	L /						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINAN	CE ACENI	v						
DATE THE REBATE COMPUTATION WAS PERFORMED: 0								
DAIR THE REDAIR COMPUTATION WAS PERFORMED: U.	J / U I / Z U .	L , 1						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINAN	CE ACEN	v						
(A) 1550ER NAME: MASSACHOSEIIS DEVELOFMENI FINAN	CE AGEIN	<u> </u>					hadula K (Eo	

Part IV Arbitrage (Continued)							-	, age (
Larera Vipinage (Continued)	A			3	С)	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	100		100			- 110	
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the requirements of section 148?	х								
Part V Procedures To Undertake Corrective Action	Α								
Fracedures to Ondertake Corrective Action	Δ.			3	C	\ <u></u>	D		
	Yes	No	Yes	No	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of	res	NO	res	NO	res	NO	res	NO	
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation isn't available under applicable									
	x								
regulations? Part VI Supplemental Information. Provide additional information for responses to questions		K See instr	ıctions						
SCHEDULE K, PART I, BOND ISSUES:	on conecute	N. OCC IIISUI	10110113						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	v							
(F) DESCRIPTION OF PURPOSE:	1101110	-							
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	S								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	Y.							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	Y							
(F) DESCRIPTION OF PURPOSE:									
CONSTRUCTION OF RESIDENCE HALL & EXISTING PROJECT	S								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	CY							
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE AN	D NEW C	CONSTRU	CTION						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	Y							
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:									
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC									
DATE THE REBATE COMPUTATION WAS PERFORMED: 09	/01/201	L7							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC									
DATE THE REBATE COMPUTATION WAS PERFORMED: 09	/01/201	L7							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANC	E AGENO	CY							

SCHEDULE M (Form 990)

Noncash Contributions

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

2017

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

Name of the organization

Name of the organization

Employer identification number

04-2103585 LASELL COLLEGE Part Types of Property (d) (a) (b) (c) Noncash contribution Number of Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 146,671. FAIR MARKET VALUE 9 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

LASELL COLLEGE

Employer identification number 04-2103585

DIDDLE CONDUCT
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTELLECTUAL EXPLORATION AND SOCIAL RESPONSIBILITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUCH AS INTERNSHIPS, PRACTICA, SERVICE LEARNING, AND MEANINGFUL
PROJECTS. CONNECTED LEARNING AT LASELL COLLEGE INVOLVES STUDENTS
DIRECTLY AND ACTIVELY IN THE FIELDS THEY ARE LEARNING. IN ALL MAJORS,
STUDENTS EXPLORE REAL ISSUES, EVENTS, PROBLEMS, AND SOLUTIONS. LASELL
COLLEGE FACULTY ARE COMMITTED TO CREATIVELY INTEGRATING CHALLENGING
COURSEWORK WITH PRACTICAL EXPERIENCE IN AN ENVIRONMENT THAT FOSTERS
LIFELONG INTELLECTUAL EXPLORATION, ACTIVE CITIZENSHIP AND SOCIAL
RESPONSIBILTIY.
**NUMBER OF STUDENTS IN 2017-2018 SCHOOL YEAR:
FALL 2017 SEMESTER: UNDERGRADUATE 1669 FULL-TIME, 27 PART-TIME;
GRADUATE 123 FULL-TIME, 246 PART-TIME.
SPRING 2018 SEMESTER: UNDERGRADUATE 1569 FULL-TIME, 30 PART-TIME;
GRADUATE 155 FULL-TIME, 251 PART-TIME.
SUMMER 2017 TERM 2: UNDERGRADUATE 64 PART-TIME; GRADUATE 1 FULL-TIME,
165 PART-TIME.
SUMMER 2018 TERM 1: UNDERGRADUATE 211 PART-TIME; GRADUATE 5 FULL-TIME,
251 PART-TIME.

OUR UNDERGRADUATE STUDENTS REPRESENT 29 STATES AND 22 FOREIGN COUNTRIES

AND OUR GRADUATE STUDENTS REPRESENT 30 STATES AND 20 FOREIGN COUNTRIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDED FACILITIES FOR OTHER EDUCATIONAL ORGANIZATIONS TO CONDUCT

EDUCATIONAL PROGRAMS AND TO PROVIDE HOUSING TO STUDENTS.

EXPENSES \$ 514,987. INCLUDING GRANTS OF \$ 0. REVENUE \$ 500,642.

FORM 990, PART VI, SECTION B, LINE 11B:

A MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES

(BOT) REVIEWED THE FORM 990 AND RECOMMENDED TO THE FULL BOT THAT THE FORM

990 BE ACCEPTED AND FILED. THE FORM 990 WAS MADE AVAILABLE TO THE FULL BOT

PRIOR TO THE BOARD MEETING AND THE BOT APPROVED THE MOTION TO ACCEPT THE

FORM 990 AND FILE THE DOCUMENT.

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

THE TRUSTEES SEND THE CONFLICT OF INTEREST FORMS TO THE EXECUTIVE ASSISTANT

TO THE PRESIDENT WHO REVIEWS THE FORMS, LOOKING FOR CONFLICTS NOTED OR NOT

NOTED BY THE TRUSTEE(S). IF A CONFLICT IS NOTED, THE FORM IS SENT TO THE

COMMITTEE ON TRUSTEES OF THE BOARD TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF LASELL COLLEGE CONDUCTS AN ANNUAL WRITTEN

EVALUATION OF THE PRESIDENT OF THE COLLEGE WHOSE DUTIES ALSO INCLUDE CEO OF

LASELL VILLAGE AND ESTABLISHES COMPENSATION BASED ON PERFORMANCE AND AMONG

OTHER DATA, CONSIDERS A COMPARISON OF PRESIDENTS AND CEO'S AT SIMILAR SIZED

INSTITUTIONS.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization LASELL COLLEGE	Employer identification number 04-2103585
THE PRESIDENT REVIEWS THE PERFORMANCE OF EACH OFFICER AND	KEY EMPLOYEE
AGAINST A WRITTEN SET OF GOALS. COMPENSATION IS DETERMINED	D BY REVIEWING
SALARY DATA OF THE RESPECTIVE POSITION AT PEER INSTITUTION	NS, AS WELL AS
REVIEWING SALARY DATA FROM NATIONAL SURVEYS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST. THE	E FINANCIAL
STATEMENTS OF LASELL COLLEGE ARE AVAILABLE ON THE COLLEGE	S WEBSITE AS WELL
AS IN THE RESERVE SECTION OF THE COLLEGE LIBRARY. ADDITION	NALLY, THE AUDITED
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE VIA THE MA	ASSACHUSETTS
ATTORNEY GENERAL'S WEBSITE AND WWW.GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	969,703.
CHANGE IN ACTUARIAL VALUE OF ANNUITY LIABILITIES	304,300.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	148,576.
TOTAL TO FORM 990, PART XI, LINE 9	1,422,579.
	72

27950.01

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization LASELL COLLEGE	3				E	Employer identific 04-21035		mber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		or Total inco	me End-of-year	r assets Direct co		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or mor	re related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dir	(f) rect controlling entity		(i) i12(b)(13) rolled ity?
LASELL VILLAGE - 22-3042122					†		163	140
120 SEMINARY AVE.	7							
AUBURNDALE, MA 02466	RESIDENTIAL CARE	MASSACHUSETTS	501(C)(3)	LINE 10	LASEL	LL INC.		х
LASELL INC 86-1070319								
1844 COMMONWEALTH AVE.	7							
NEWTON, MA 02466-2716	ADMINISTRATIVE SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 12B, II	N/A			х

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Lega domici (state foreign		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box	(j) General or managing partner?	(k) Percentage ownership
	C	country)		sections 512-514)		603613	Yes	No	K-1 (Form 1065)	Yes No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent Yes	tion b)(13) rolled tity?
CHARITABLE REMAINDER TRUSTS (3)	INVESTMENTS	MA	LASELL COLLEGE	TRUST				X	NO
TRUST	INVESTMENTS	MA	LASELL COLLEGE	TRUST	0.	614,740.		х	
TRUST	INVESTMENTS	MA	LASELL COLLEGE	TRUST	0.	1,152,916.		х	
	-								

rarı	Transactions with Related Organizations. Complete if the organization answ	wered tes on Form	11 950, Fart IV, line 34, 330,	0 30.					
Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
	During the tax year, did the organization engage in any of the following transactions				(D)	BL D	Х		
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)									
C	c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
					(FISH)	MAIN	Х		
f Dividends from related organization(s)									
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)									
-							Time!		
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)							X		
		***************************************	***************************************		10	X	760		
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses							X		
7									
r Other transfer of cash or property to related organization(s)									
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)									
	If the answer to any of the above is "Yes," see the instructions for information on w				1s		X		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	havlovo				
	Tallo of Talatoo organization	type (a-s)	Amount involved	Method of determining amount	IVOIVEG				
		7							
(1)									
(2)									
[2]									
(3)									
ارق									
(4)									
(4)									
/E\									
(5)									
(0)									
(6)									

Page 4

Contradict Title of the Contra

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		Are partner 501 (c	s sec. :)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership
		Country	sections 512-514)	Yes	No	Income	assets	Yes	No	(Form 1065)	Yes N	
				Н				-				
•												
					-			-			\vdash	
		0										
				П								
					2							

Schedule R (Form 990) 2017 LASELL COLLEGE	04-2103585	Page !
Schedule R (Form 990) 2017 LASELL COLLEGE Part VII Supplemental Information.		
Drawide additional information for represented to questions on Schoolule D. See instructions		
Provide additional information for responses to questions on Schedule R. See instructions.		
	30-7	